

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB -3 PM 4:42

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # NO4000002225

1. Corporation Name

HAITIAN ALLIANCE INTERNATIONAL, INC.

2. Principal Office Address

8325 NE 2ND AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

8325 NE 2ND AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip
33138

Country
USA

Zip
33138

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/17/2002

5. FEI Number

94-3354418

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

04-06

7. Name and Address of Current Registered Agent

Name
NAISSANCE BELLOT

Street Address (P.O. Box Number is Not Acceptable)
8325 NE 2ND AVENUE

Suite, Apt. #, Etc.

City
MIAMI, FL

State
FL

Zip Code
33138

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

N.S. Bellot

REGISTERED AGENT MUST SIGN

Date 1/30/2006

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C	NAISSANCE BELLOT	8325 NE 2ND AVENUE	MIAMI, FL 33138
D	JUVAIS J. HARRINGTON	8325 NE 2ND AVENUE	MIAMI, FL 33138

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

N.S. Bellot

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2006

Date

786.306.5359

Daytime Phone #

282

January 30, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

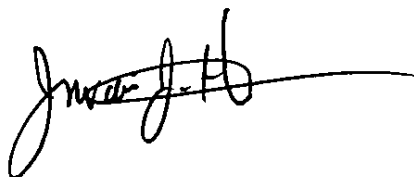
Attn: Reinstatements

To Whom It May Concern;

This letter is being sent to ask for a waiver of the \$175.00 reinstatement fee. Do to the Hurricanes that affected Haiti in 2004 and because Haiti Alliance International, Inc. did not receive our Corporate application package we failed to submit our annual report documents. We have enclosed our reinstatement application with a check for \$192.50 covering the annual report fee from 2004 forward including 2006.

We our most appreciative and thankful of your assistance. Should you have any additional questions, please feel free to call me at 786.245.6329.

Sincerely,

A handwritten signature in black ink, appearing to read "Juvais J. Harrington", with a long horizontal flourish extending to the right.

Juvais J. Harrington, MPA
Board Director