

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State

DIVISION OF CORPORATIONS

W06000344796

FILED

06 NOV 30 PM 3:35

SEC. TALLAN

DOCUMENT # 104000003383

1. Corporation Name

Haitian American Citizens Club, Inc.

2. Principal Office Address

732 ORANGE AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 2783

Suite, Apt. #, etc.

City & State

FORT PIERCE FL.

City & State

FORT PIERCE FL.

Zip

34950

Country

Zip

34954

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

4/10/01

5. FEI Number

59-3361936

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Michael L. McKinnon, Jr.

Street Address (P.O. Box Number is Not Acceptable)

911 Delaware Ave.

Suite, Apt. #, Etc.

City

Fort Pierce

State

FL

Zip Code

34950

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S.

Signature of  
Registered Agent

Michael L. McKinnon, Jr. Esquire

Date

9/18/06

REGISTERED AGENT MUST SIGN

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
P	GERMAIN LOUIS	1197 SW. HOGAN ST.	PORT ST LUCIE FL 34983
V	JIMMY JEUDI	107 SE. SONETA CT.	PORT ST LUCIE FL 34983
T	VESTA BRIFFIL	107 SE SONETA CT.	PORT ST LUCIE FL 34983

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 817, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Germain Louis "President"

Date

9-18-06

Daytime Phone #