
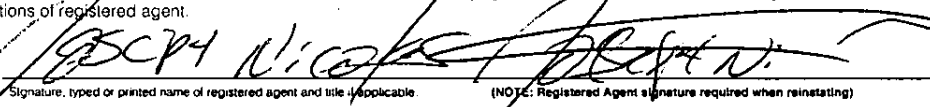
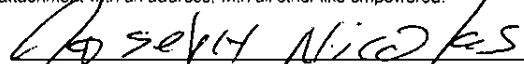


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 09, 2005 8:00 A.M.
Secretary of State

DOCUMENT # N04000006982 1. Entity Name BROWARD COUNTY HAITIAN-AMERICAN COMMUNITY CENTER, INC.			
Principal Place of Business 1336 SILVERADO DRIVE NORTH LAUDERDALE, FL 33068		Mailing Address 1336 SILVERADO DRIVE NORTH LAUDERDALE, FL 33068	
2. Principal Place of Business 2208 EVANS STREET Suite, Apt. #, etc.		3. Mailing Address 2208 EVANS STREET Suite, Apt. #, etc.	
City & State HOLLYWOOD, FL Zip 33020 Country USA		City & State HOLLYWOOD, FL Zip 33020 Country USA	
4. FEI Number N04000006982		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NICOLAS, JOSEPH F 1336 SILVERADO DRIVE NORTH LAUDERDALE, FL 33068		7. Name and Address of New Registered Agent Name NICOLAS, JOSEPH F Street Address (P.O. Box Number is Not Acceptable) 3463 COCOPLUM CIRCLE City COCONUT CREEK FL Zip Code 33063	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  <small>Signature, typed or printed name of registered agent and title (if applicable)</small>		DATE 10/19/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHARLES, PIERRE C <input type="checkbox"/> Delete 1336 SILVERADO DRIVE NORTH LAUDERDALE, FL 33068		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D APPLYS, ISLET <input type="checkbox"/> Delete 2349 ATLANTA STREET HOLLYWOOD, FL 33020		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NICOLAS, JOSEPH F <input type="checkbox"/> Delete 4530 NW 36TH STREET #302 LAUDERDALE LAKES, FL 33319		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DR CASIMIR, JOSEPH D <input type="checkbox"/> Delete 7503 NW 44th Ct CORAL SPRING, FL 33065		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D APPLYS, NUKU <input type="checkbox"/> Delete 2208 EVANS STREET HOLLYWOOD, FL 33020		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RODY PIERRE, RODY <input type="checkbox"/> Delete 3320 SW 1ST STREET DEARFIELD BEACH, FL 33442		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Andre', S. Patrick <input type="checkbox"/> Change <input type="checkbox"/> Addition 15667 SOUTH WEST 40th Street MIAMI, FL 33027		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD APPLYS, ISLET <input type="checkbox"/> Change <input type="checkbox"/> Addition 2208 EVANS STREET HOLLYWOOD, FL 33020		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP NICOLAS, JOSEPH F <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3463 COCOPLUM CIRCLE COCONUT CREEK, FL 33063		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	600061287346 11/09/05--01014--001 **\$61.25		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	600061287346 11/09/05--01014--002 **\$8.75		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 10/19/05 - 954-257-4520 <small>Date Daytime Phone #</small>	

REINSTATEMENT
 05
 REIN-NP CR2E099 (6/04)