

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -8 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000004660

1. Corporation Name

Haitian Charity, Inc.

REINSTATEMENT 08-10

2. Principal Office Address - No P.O. Box #

19700 NE 12 Court

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33179

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 05/03/2005

5. FEI Number

20-2823049

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

CLAUDETTE DERISMA-LAFONTANT

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

19700 NE 12 Court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33179

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Claudette D Lafontant

REGISTERED AGENT MUST SIGN

Date

4/2/10

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
CEOP	CLAUDETTE DERISMA-LAFONTANT	19700 NE 12 Court	Miami, FL 33179
DS	EDELINE PIERRE	20270 NE 3 CT., Unit 2	Miami, FL 33179
DT	DANIELLE PRINE	2404 NW 99 Way	Sunrise, FL 33322

24/9

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

Edeleine Pierre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/2/10

Daytime Phone #