

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUL 31 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO5000011599**

1. Corporation Name

LITTLE Haiti community center, inc

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

28 NE 54 ST

Suite, Apt. #, etc.

MIAMI FL 33137

City & State

MIAMI FLORIDA

Zip

33137

Country

Dade

3. Mailing Office Address

14060 Biscayne BLVD

Suite, Apt. #, etc.

1017

City & State

MIAMI Florida

Zip

33181

Country

Dade

REINSTATEMENT 06-09
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

11-15-2005

5. FEI Number

26-0130149

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

LAVARICE GAUDIN

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

14060 Biscayne BLVD

Suite, Apt. #, Etc.

1017

City

MIAMI

State

FL

Zip Code

33181

☒ 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

REGISTERED AGENT MUST SIGN

Date

07-10-09

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
V/D	LAVARICE GAUDIN	14060 Biscayne BLVD	#1017 MIAMI FL, 33181
V/N/S	TONY Jean Thener	1255 NE 110 ST AP 85	MIAMI FL, 33161
P/T	Antoine eustache Garcon	760 NE 175 ST NORTH MIAMI BEACH FL, 33162	MIAMI FL, 33162
			900158512169 07/15/09--01009--004 **245.00

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:

LAVARICE GAUDIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-10-09

Daytime Phone #