

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JAN 21 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO6000002487

1. Corporation Name

Schools for Haiti Foundation, Inc.

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

4311 22nd Avenue SW

3. Mailing Office Address

4311 22nd Avenue SW

Suite, Apt. #, etc.

Apartment #71

Suite, Apt. #, etc.

Apartment #71

City & State

Naples, Florida

City & State

Naples, Florida

Zip

34116

Country

USA

Zip

34116

Country

USA

REINSTATEMENT 07-09

**4. Date Incorporated or Qualified
To Do Business in Florida**

March 6, 2006

5. FEI Number
20-4322636

☐ 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

Barbara Laudano

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

6081 Dogwood Way

Suite, Apt. #, Etc.

City

Naples,

State

FL

Zip Code

34116

☒ 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

Barbara Laudano
REGISTERED AGENT MUST SIGN

Date 1/14/2009

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
Pres	Louis Telcy	4311 22nd Avenue SW, #71	Naples, Florida 34116
Treas	Barbara Laudano	6081 Dogwood Way	Naples, Florida 34116

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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:

Barbara Laudano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Laudano, Treasurer

1/14/2009

Date

239/352-6846

Daytime Phone #