

**CORPORATION
REINSTATEMENT**



FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

THE EYES OF HAÏTÌ, INC.

500167213965
01/26/10--01024--001 **253.75

CR2E081 (11/09)

3. Mailing Office Address

7424 Bob Olinkway P.O. Box

Suite, Apt. #, etc.

Suite, Apt. #, etc.

881615

City & State

City & State

Port St Lucie, FL

Port St Lucie, FL

Zip

Country

34986

USA

Zip

Country

34988-1165

USA

7. Name and Address of Current Registered Agent

Name

PATRICK Valme

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

7424 Bob O Link way

Suite, Apt. #, Etc.

City

Port St Lucie, FL

State

Zip Code

FL

34986

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

[Signature]
REGISTERED AGENT MUST SIGN

REGISTERED AGENT MUST SIGN

Date _____

1/25/2010

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	Patrick Valme	7424 Bob O link way	PORT ST LUCIE FLORIDA 34988
VP	Bernard Malette	12500 SW 15TH HANON DAVIE, FL	Davie, FL 33325
S	Farah Seneque	121 James ST Apt 2	ITHACA, NY 14850
	REINSTATEMENT		RH

10. E-mail Address: ayesofhawaii@gmail.com

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: