

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 11 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

700168548497
02/11/10--01032--017 **192.50

DOCUMENT # No 700 000 8306
1. Corporation Name
The Claude Foundation For the
Advancement of Haitian Children

2. Principal Office Address - No P.O. Box #
1959 Wood trail st
Tarpon Springs FL 34689
Suite, Apt. #, etc.

3. Mailing Office Address
1959 wood trail street
tarpon springs FL 34689
Suite, Apt. #, etc.

CR2E081 (11/09)

City & State
Tarpon Springs, FL
Zip
34689
Country
USA

City & State
Tarpon Springs, FL
Zip
34689
Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida
5. FEI Number 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
Emmanuelle Claude
Street Address (P.O. Box Number is Not Acceptable)
1959 wood trail street
Suite, Apt. #, Etc.
City
Tarpon Springs
State
FL
Zip Code
34689

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 Emmanuelle Claude Date 2/6/2010
REGISTERED AGENT MUST SIGN

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
D	Ernest Claude	20545 NW 8th Ct. Miami Gardens Dr FL 33169	Miami FL 33169
M	Manduly Lois-Charles	1959 Wood trail Street	Tarpon Springs, FL 34689
T	Esther Claude	3607 Aca Pulco Dr.	MIRAMAR FL 33023
P	Emmanuelle Claude	1959 wood trail Street	Tarpon Springs, FL 34689
S	Claudia Celestin	3607 Aca Pulco Dr	MIRAMAR, FL 33023

X 2/12

10. E-mail Address: LIMANE@ASIMIA.ORG.COM
(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: Manduly C. Lois-Charles Date 2/6/2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #