

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 NOV -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N39852

1. Corporation Name

Haitian American Civic Association, Inc.

2. Principal Office Address

12825 NE 2nd Ave.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33161

Country

USA

3. Mailing Office Address

12825 NE 2nd Ave.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33161

Country

USA

REINSTATEMENT

98-150

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

5. FEI Number

65-0242732

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

Ricot Fertil

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

12825 NE 2nd Ave.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33161

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

Date

10/28/00

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/P	Ricot Fertil	12825 NE 2nd Ave	Miami, FL 33161
D/V	Fred Pericles	38 NW 68 Ter	Miami, FL 33168
D/T	Ivana Berris Lafrance	953 N 73 Way	Hollywood, FL 33024
D/S	Loucassada Noel	1165 NW 127 St	Miami, FL 3368
D	Jetta Berris Lafrance	18600 NE 7th Ct	N.Miami Beach, FL 33179

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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/00

305 688-9251

CR2ED01 (9/99)