

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUN 20 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N40900

1. Corporation Name

**HAITIAN AMERICAN FORCE INSTITUTE
INC**

2. Principal Office Address

90 NW 116th Street

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33168

Country

USA

3. Mailing Office Address

P.O. Box 69-3774

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33269-3774

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/1990

5. FEI Number

65-0230646

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

HAKS BLANC

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

425 NW 210th STREET

Suite, Apt. #, Etc.

206

City

MIAMI

State
FL

Zip Code

33169

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 **06-15-2000**

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	JOCILIA JOSEPH	90 NW 116th STREET	MIAMI, FL. 33168
VP	SERAPHIN E.T. SCOTT	11628A NW 7th AVE	MIAMI, FL. 33168
Treas	HAKS BLANC	425 NW 210th Street #206	MIAMI, FL. 33169
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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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/2000 (305)758-2235
Date Daytime Phone #

CR2E081 (9/99)