

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

02 NOV 14 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N45468**

1. Corporation Name

**HAITIAN CENTER FOR FAMILY SERVICES, INC.**

2. Principal Office Address

**2715 N.Australian Ave.**

Suite, Apt. #, etc.

City & State

**West Palm Beach FL**

Zip

**33407**

Country

3. Mailing Office Address

**2715 N.Australian Ave.**

Suite, Apt. #, etc.

City & State

**West Palm Beach, FL**

Zip

**33407**

Country

**REINSTATEMENT**

5/28/02 91561 001 #8.75  
5/28/02 91561 002 #61.25

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/04/1991**

5. FEI Number

**65-0293545**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

**7. Name and Address of Current Registered Agent**

Name

**Arrieux, Robert**

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

**2715 N.Australian Ave.**

Suite, Apt. #, Etc.

City

**West Palm Beach**

500009000975

11/14/02 01049 021 \*\*100.00

500009000975

11/14/02 01049 020 \*\*75.00

State

**FL**

Zip Code

**33407**

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

REGISTERED AGENT MUST SIGN

Date

11/12/02

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
CD	Leconte, Patrick	2000 PGA Blvd # 3120	Palm Beach Garden FL
S	Barthelemy, Roody	P.O.Box # 20813	West Palm Beach, FL 33406
D	Thony, Frantz	11204 Mahogany Dr.	Boynton Beach FL 33436
T	Washington, Bill	2715 N.Australian Blvd.	West Palm Beach FL 33407
D	Desormeux, Roland Father	2715 N.Australian Blvd.	West Palm Beach FL 33407
D	Philippe, Sabin J	2715 N. Australian Ave.	West Palm Beach FL 33407

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 #

Patrick Leconte

11/12/02