

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 28 AM 7:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N45754*

1. Corporation Name

society for Haitian Advancement, Recognition
and Education, Inc.

2. Principal Office Address

5000 Biscayne Blvd #200

Suite, Apt. #, etc.
200

City & State
Miami

Zip Country
33137 USA

3. Mailing Office Address

16951 NE 4th Ave

Suite, Apt. #, etc.
N/A

City & State
Miami, FL

Zip Country
33162 USA

REINSTATEMENT

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

10/25/92

5. FEI Number

65-0339714

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

Jonas Georges

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

102 NW 109th Street

Suite, Apt. #, Etc.

Miami

City

State
FL

Zip Code
33168

236.25 - Adm

64.25 - AR
500005753385-5
-06/11/02-01096-001
****297.50 ***297.50*

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 *5/22/02*

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
D	Fritz Bazin	6744 N Miami Ave	Miami, FL 33150
D	Noulene Antoine	20741 NE 4th CT	Miami, FL 33179
D	Frantz Casseus	6410 NE 2nd Ave	Miami FL 33150
D	Gelina Georges	102 NW 109th St	Miami, FL 33168

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:

Noulene Antoine Noulene Antoine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/2002
Date

305
576-8376
Daytime Phone #

CR2E081 (9/01)