

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 OCT -5 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N48186**

**1. Corporation Name**

The Haitian Service Support Group of Coral Springs Inc.

4951 Rothschild Dr

4951 Rothschild Dr

**2. Principal Office Address**

4951 Rothschild Dr

Suite, Apt. #, etc.

**3. Mailing Office Address**

4951 Rothschild Dr

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33067

Country

USA

Zip

33067

Country

USA

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

04-03-92

**5. FEI Number**

650317553

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

Rochard Lamothe

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

4951 Rothschild Dr

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33067

**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

*Rochard Lamothe*

Date 09-27-2004

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
P	Hans Elie	2980 NW 68th Ave	Margate, FL 33063
T	Norvius Anor	7863 West Sample Rd	Coral Springs, FL 33065
S	Louchard Lamothe	4951 Rothschild Dr	Coral Springs, FL 33067
D	Rochard Lamothe	4951 Rothschild Dr	Coral Springs, FL 33067

**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:**

*Rochard Lamothe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-29-04 954.6059060

Daytime Phone #

CR2E081 (01/04)