

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 26 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT *93-96*

DOCUMENT # N49471

1. Corporation Name
Haitian Christian Refugee Services, Inc.
P.O. Box 380306
Miami, Florida. 33238-0306

Principal Place of Business Mailing Address
180 N.W. 62nd Street 2nd Floor
Miami, Florida. 33150

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Address, If Applicable
180 N.W. 62nd Street 2nd Floor
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
June 19, 1992

5. FEI Number
65-0339775

6. CERTIFICATE OF STATUS DESIRED

Applied For
Not Applicable

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Georges, Jean N.	170 N.W. 62nd Street	Miami, Florida 33150
Sec. 1	Henry Claude Saint-Fleur	1550 N.E. 168th St #306	Miami, Florida 33162
Trea. 1	Jules, Joseph	3325 N.W. 174th Street	Miami, Florida 33056
V. Pres.	Georges, Julmene	170 N.W. 62nd Street	Miami, Florida 33150
Sec. 2	Lusana Joseph	289 N.W. 108th Terrace	Miami, Florida 33168
Sec.	Herly Alexis	P.O. Box 370476 N/A	Miami, Florida 33137
Trea. 2	Georges, Ford	P.O. Box 380306	Miami, Florida 33238

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Georges, Jean N.
170 N.W. 62nd Street
Miami, Florida. 33150

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date November 21, 1996

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *REV. JEAN N. GEORGES*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/21/96 X 3051759-1123
Daytime Phone #