

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV -1 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49471

1. Corporation Name

Haitian Christian Refugee Services, Inc.

Principal Place of Business

8260 N. E. 2 Avenue
Miami, Florida 33138

Mailing Address

P. O. Box 380306
Miami, FL 33238-0306

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

2. New Principal Office Address, If Applicable

Same as above

Suite, Apt. #, etc.

NONE

City & State

not applicable

Zip

Country

3. New Mailing Office Address, If Applicable

Same as above

Suite, Apt. #, etc.

NONE

City & State

not applicable

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

June 19, 1992

5. FEI Number

650339775

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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
D	Rev. Jean N. Georges	12385 N. W. 17 Avenue	Miami, Florida 33167
D	Julmene Doranzil Georges	12385 N. W. 17 Avenue	Miami, Florida 33167
T	Lusana Joseph	289 N. W. 108 Terrace	Miami, Florida 33168
T	Jules Joseph	3325 N. W. 174 Street	Miami, Florida 33142
T	Marie Gina Georges	12385 N. W. 17 Avenue	Miami, Florida 33167

8. Name and Address of Current Registered Agent

Rev. Jean N. Georges
12385 N. W. 17 Avenue
Miami, Florida 33167

9. Name and Address of New Registered Agent

Name

Rev. Jean N. Georges

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

12385 N. W. 17 Avenue

Suite, Apt. #, Etc.

700003039527--4

City

Miami

-11/09/99-01050-005

***358.75 FL 33167

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 10-06-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 re-statement 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

10-06-99

Date

305-759-1124

Daytime Phone #

KE