PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 23 AM 8:00

DOCUMENT # N49708

REINSTATEMENT 01-04 MRD

1. Corporation Name
Haitian Health Foundation of South Florida, Inc

2. Principal Office Address
5509 SW 113 Ave
Suite, Apt. #, etc.
City & State: Cooper City, FL
Zip: 33330 Country: USA

3. Mailing Office Address
5509 SW 113 Ave
Suite, Apt. #, etc.
City & State: Cooper City, FL
Zip: 33330 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 7/6/1992

5. FEI Number 65-034 1366 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent
Name: Jessie H. Colin
Street Address (P.O. Box Number is Not Acceptable): 5509 SW 113 Ave
Suite, Apt. #, Etc.
City: Cooper City State: FL Zip Code: 33330

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03/30/04--01070--007 **420.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: X [signature] Date: 3/18/04
REGISTERED AGENT MUST SIGN

CR2E081 (4-01)

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
Pres.	Jodesty, Yves, MD	1044-48 NW 10th Ave	Ft Lauderdale FL
Sec.	Colin, Jessie RN	5509 SW 113 Ave	Cooper City FL
Tres.	Gay, Alix, MD	101 S. Federal Hwy	Dania Beach FL

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 upon 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] (President) 3/17/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone #