

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT

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

FILED

00 OCT 24 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000368

1. Corporation Name

HAITIAN AMERICAN COMMUNITY COUNCIL, INC.

Principal Place of Business

Mailing Address

208 S.E. SECOND ST.
206 SE SECOND ST
DELRAY BEACH FL 33483
US

208 S.E. SECOND ST.
206 SE SECOND ST
DELRAY BEACH FL 33483
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/30/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0379999

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
TP	ZIMMERMAN, CAROLYN	212 S.W. 2ND AVENUE	DELRAY BEACH FL 33444
AT			
DS	Jocelyn Adhemar	4058 Floral Drive	Boynton Bch, FL 33436
DAS	Barry Silver	7777 Glades Rd	BOCA Raton, FL 33434
DS	MATHIAS HONORE	30 W. Sunrise BLvd	Ft Lauderdale, FL 33311
			6/8/00 90037/026 #60125

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HENRY, DANIELLA
206 SE SECOND ST
DELRAY BEACH FL 33483

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

Date 10/19/00

REGISTERED AGENT MUST SIGN

11. 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:

DANIELLA HENRY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/00 (561) 272-2520

Date

Daytime Phone #

CR20040 (8/00)



Haitian American Community Council, Inc.

206 S.E. 2nd Street, Delray Beach, FL 33483 *** Tel: (561) 272-2520 *** Fax: (561) 272-8566
1414 Lucerne Avenue, Lake Worth, FL 33460 *** Tel: (561) 585-4150 *** Fax: (561) 585-9013
235 S.E. 5th Ave., Ste. B, Delray Beach, FL 33485 *** Tel: (561) 330-9820 *** Fax: (561) 330-0973
Email: Haiticon@bellsouth.net

2018

OCTOBER 18, 2000

FLORIDA DEPARTMENT OF STATE
DOCUMENT NO: N 92000000368

DEAR SIR/MADAM:

THIS IS TO LET YOU KNOW THAT WE DID NOT RECEIVED THE LETTER IN
WHICH YOU REQUESTED THE INFORMATION.

PLEASE ACCEPT OUR APOLOGIZE. I HOPE THIS SATISFY YOUR REQUEST.

SHOULD YOU HAVE ANY QUESTION, PLEASE CONTACT US AT THE ABOVE
NUMBER.

SINCERELY YOURS,

DANIELLA HENRY
EXECUTIVE DIRECTOR

Responding To The Haitians' Needs

