

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 APR 14 PM 2:30

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004686

1. Corporation Name
HUMAN SERVICES DIVISION/PIERRE TOUSSAINT HAITIAN CATHOLIC CENTER, INC.

2. Principal Office Address - No P.O. Box #
130 NE 62 STREET
Suite, Apt. #, etc.

3. Mailing Office Address
130 NE 62 STREET
Suite, Apt. #, etc.

City & State
MIAMI, FL
Zip
33138
Country

City & State
MIAMI, FL
Zip
33138
Country

10017325 2581
03/26/10 CR2E081 (11/08)

81037 008 61256

4. Date Incorporated or Qualified To Do Business in Florida 10/11/1993

5. FEI Number 65-0387483 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED 53.75 Annual Fee for Certificate of Status

7. Name and Address of Current Registered Agent
Name
J. PATRICK FITZGERALD, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
110 MERRICK WAY
Suite, Apt. #, Etc.
SUITE 3-B
City
CORAL GABLES
State FL Zip Code 33134

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.
Signature of Registered Agent *[Signature]* Date 3/23/10
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	REV. REGINALD JEAN-MARY	110 NE 62 STREET	MIAMI, FL 33138
VP	ANDRE BONI	130 NE 62 STREET	MIAMI FL 33138
T	JOHN DESROCHES	130 NE 62 STREET	MIAMI, FL 33138
S	ROSEL LEBRETON	130 NE 62 STREET	MIAMI, FL 33138
REINSTATEMENT			01-10 B 4/14/10

10. E-mail Address: ERG@JPFTZLAW.COM *ELG*

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. Further, I certify that 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 (305) 751-6289
Date 03/17/10