

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

97 FEB 24 PM 12:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N94000001549

1. Corporation Name

Haitian Chamber of Commerce of Broward
County, INC.

Principal Place of Business

Mailing Address

P.O. Box 6382
Ft. Lauderdale,
FL. 33310

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

P.O. Box 6382

4. Date Incorporated or Qualified
To Do Business in Florida

3/29/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For
☐ Not Applicable

City & State

City & State

Ft. Lauderdale

Zip

Country

Zip

FL. 33310

Country

Broward

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
PD	BANCE, GEORGES	2486 SHIPROCK CT	DELTONA, FL. 32738
ED	LOUNIS, MIMOSA	1141 NW 13 ST #1	BOCA RATON, FL. 33486
TD	JOSEPH, DUVAL	8000 NW 53 RD CT	LAUDERHILL, FL. 33351
			000002098880--4
			02/26/97 01092-009
			****428.75 ****428.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

A

Name

Morris Brunot

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

3537 NW 26TH STREET

Suite, Apt. #, Etc.

City

LAUDERDALE, LAKE

State

FL

Zip Code

33311

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

Morris Brunot

REGISTERED AGENT MUST SIGN

Date 2/16/97

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 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/97

Date

Daytime Phone #

CR2E040 (12/96)