

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

03 SEP 26 AM 8:00

DOCUMENT # 1795000000138

**1. Corporation Name**

HELP For HAITI Inc  
K103000026117

**2. Principal Office Address**

1121 So. B St.

Suite, Apt. #, etc.

#2

City & State

LAKE WORTH FL

Zip

33460

Country

Palm Bch

**3. Mailing Office Address**

PO Box 802

Suite, Apt. #, etc.

City & State

W. Palm Bch - FL

Zip

33402

Country

Palm Bch

**REINSTATEMENT**

97-023

**4. Date Incorporated or Qualified  
To Do Business in Florida**

2-13-95

**5. FEI Number**

65-056-2959

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☒ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Sandra L. Koch

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

1121 South B St.

Suite, Apt. #, Etc.

#2

City

LAKE WORTH

500023314085

09/24/03--01079--024 \*\*428.75

500023314085

03/24/03--01079--025 \*\*8.75

State

FL

Zip Code

33460

MRD

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

Sandra L. Koch

REGISTERED AGENT MUST SIGN

Date

9/23/03

**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
P-D	Jean La Fortune	2159 Portland Ave	Wellington FL 33414
S-D	Sandra L. Koch	1121 So. B St. #2	Lake Worth FL 33414
FD	Rev. Robert Renesca	899 NE 83 St.	Miami FL 33128
X	—	—	—
X	—	—	—
X	—	—	—

**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 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:**

Sandra L. Koch / Sec. Sandra L. Koch 9/23/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date Time Phone #

561-  
667-  
1731

CR2E081 (10/02)

Ruby**HELP FOR HAITI INC.****P.O. Box 802  
West Palm Beach, Fl. 33402****Ph: 561-540-8784  
Fx: 561-585-3008****FAX COVER SHEET**

FAX TO Division of Corp.  
Reinstatement ATTN-Ruby  
FAX # 850-245-6017  
FROM Sandra Koch  
DATE 9-26 Number of pages faxed 1

RE: Reinstatement for Doc. #N95000000738--Help For Haiti Inc.  
Dept. of State Division of Corporations

ATTN: Ruby

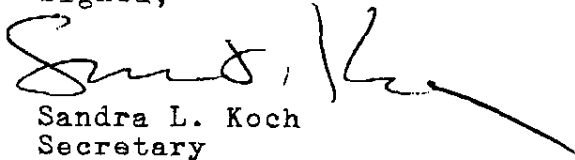
We are seeking reinstatement with the State of Florida as a non profit corporation.

- 1). We have given you the application (hard-copy)
  - 2). Sent you the amount requested (2 checks)
  - 3) We request the State WAIVE the one fee because we never received notice from the State regarding this matter.
- Our office moved from Federal Hwy, Deerfield to West Palm Beach.  
I believe the limit for post office to forward our mail was expired, and we never received notification.

We are asking: Please reinstate us today.

Thank you for your help in this matter.

Signed,

  
Sandra L. Koch  
Secretary

9-26-03  
9/26/03