PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 27 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001214

1 Corporation Name

" FRENCH-HAITIAN CULTURAL ASSOCIATION, INC. "

Principal Place of Business	Mailing Address
ONE BUISCAYNE TOWER. SUITE 1710 2 SOUTH BISCAYNE BLVD. MIAMI FL 33131	ONE BUISCAYNE TOWER. SUITE 1710 2 SOUTH BISCAYNE BLVD. MIAMI FL 33131

REINSTATEMENT 1996 MWB 12/31/96

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 03/14/1995

5. FEI Number: 65-0586842 ☐ Applied For ☐ Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
P/D President	Claude LORCIN President	2450 SW 25th Street	Miami FL 33145
V.P/D	Jean-Claude Exulien	8365 N.E 2nd Ave Suite #205	Miami FL 33138
T/D	JEAN WICKES TREASURER	CONSULAT de France 1 Biscayne Tower, Suite 1750	Miami FL 33131
			700002051847--1 -01/09/97--01014--009 ****236.25 ****236.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
FILLON, JACQUES ONE BISCAYNE TOWER , SUITE 1710 2 SOUTH BISCAYNE BLVD. MIAMI FL 33131	Name: Claude Lorcin Street Address (P.O. Box Number is Not Acceptable): One Biscayne Tower Suite, Apt. #, Etc.: 1710 (Suite) City: Miami State: FL Zip Code: 33131

CR2E040 (7/96)

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: C. LORCIN Date: 12/03/1996
REGISTERED AGENT MUST SIGN

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)(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: C. LORCIN Dec. 3 1996 372 1376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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ASSOCIATION CULTURELLE FRANCO-HAITIENNE, INC.

Chairman : Mr Claude LORCIN

Secretary : Mr Jean Claude EXULIEN

The Committee

President : Mr Claude LORCIN

Vice-President : Mr Jean Claude EXULIEN

Secretary : Mr Jean WICKERS

Treasurer : Mr Jean WICKERS