

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED

11-OCT 31 PM 1:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N95000004981

1. Corporation Name

HAITIAN AMERICAN YOUTH OF TOMORROW, INC.

Principal Place of Business

1348 N.E. 147TH ST.
 MIAMI FL 33161

Mailing Address

1348 N.E. 147TH ST.
 MIAMI FL 33161

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 2001

4. Date Incorporated or Qualified To Do Business in Florida

10/16/1995

5. FEI Number

65-0619104

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
DP	PRUDENT, LESLY	800 NE 8 ST 300 NE 187 St	MIAMI FL 33161
VP	BERTRAND, JEAN ROBERT	10105 NE 7TH AVE	N. MIAMI FL 33161
DP	BRAYNON, OSCAR J	5400 NW 22ND AVE., SUITE 701	MIAMI FL 33142
DVP	CADELY, JEAN ROBERT	271 NE 211 St	MIAMI FL 33179
OS	AUSTIN, ALISON	1140 NW 58 St	MIAMI, FL 33147
AT	SURAKAT, RICHARD	172 NE 15 St	MIAMI, FL 33132

8. Name and Address of Current Registered Agent

BRAYNON, OSCAR J
 5400 N.W. 22 AVE.
 SUITE 701
 MIAMI FL 33142

9. Name and Address of New Registered Agent

Name
 CADELY JEAN ROBERT
 Street Address (P.O. Box Number is Not Acceptable)
 271 N.E. 211 St
 Suite, Apt. #, Etc.
 City
 Miami, State
 FL Zip Code
 33179

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

[Handwritten Signature]
 REGISTERED AGENT MUST SIGN

Date

10/22/01

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

10/22/01

Date

Daytime Phone #

CR2040 (801)