

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR 19 PM 12:05

DOCUMENT # N96000000278

1. Corporation Name

Haitian Outreach Partnership  
For Empowerment INC.

W01-4991

2. Principal Office Address

900 N W 31 Avenue

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

01-17-1996

5. FEI Number

65-0666148

Applied For

Not Applicable

Zip

33311

Country

Broward

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Claude P. Louissaint

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

4310 N W 16 Street

Suite, Apt. #, Etc.

#207

City

Lauderhill

State  
FL

Zip Code

33313

800003891698-9

-03/22/01--01008--015

\*\*\*\*183.75 \*\*\*\*183.75

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

*Claude Louissaint*

Date 0-28-01

REGISTERED AGENT MUST SIGN

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
D	Claude Louissaint	4310 N W 16 Street #207	Lauderhill, FL 33313
D	Maricile Phanord	2640 N E 8 Avenue #2	Wilton Manors 33334
D	Elizabeth Grove	4329 Coral Springs Drive	Coral Springs 33065
D	Kessner Accime	5540 N W 40 Terrace	Coconut Creek 33073
D	Jocelyn Dubois	6630 S W 15 Street	Plantation 33317

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:

*Maricile Phanord*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-01

Date (954) 764-5587 Daytime Phone #

CR2E081 (9/99)

20f2

Haitian Outreach Partnership  
For Empowerment, Inc.  
H.O.P.E.

March 12, 2001

Sean Toner, Senior Section Administrator  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Administrator Toner:

Thank you very much for your understanding. Enclosed please find a check in the amount of \$183.75 representing the total amount due to bring the corporation current. If you have any questions pertaining to this application, do not hesitate to reach me at 900 NW 31<sup>st</sup> Avenue, Fort Lauderdale, FL 33311.

1999 Notice not received

Sincerely,



Claude P. Louissaint