

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

98 JUL 13 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000000777

1. Corporation Name
SOUTH FLORIDA HAITIAN AMERICAN CHRISTIAN CENTER, INC.

Principal Place of Business: 111 NORTHWEST 54TH STREET, MIAMI FL 33127
Mailing Address: 111 NORTHWEST 54TH STREET, MIAMI FL 33127



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 | | 4. Date Incorporated or Qualified To Do Business In Florida | |
| Suite, Apt. #, etc. | | City & State | | 02/13/1996 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 65-0641990 | |
| Country | | Country | | Applied For | |
| Country | | Country | | Not Applicable | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | | | \$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 | JOSEPH, ADNER | 111 NORTHWEST 54TH STREET | MIAMI FL 33127 |
| VD | THEODORE, BENOIT | 111 NORTHWEST 54TH STREET | MIAMI FL 33127 |
| D | JOSEPH, CARLIE | 111 NORTHWEST 54TH STREET | MIAMI FL 33127 |
| S | CALIXTE, FRITZ | 111 NORTHWEST 54TH STREET | MIAMI FL 33127 |
| T | BREA, HERMANN | 111 NORTHWEST 54TH STREET | MIAMI FL 33127 |
| D | THEODORE, ROSELENE | 111 NORTHWEST 54TH STREET | MIAMI FL 33127 |

| | | | |
|---|--|---|--|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134 | | Name: Silvio Amico Street Address (P.O. Box Number is Not Accepted): 6401 S.W. 87th Ave. Suite, Apt. #, Etc.: Suite #120 City: Miami FL 33135 State: FL Zip Code: 33135 | |

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: *Silvio Amico* Date: 7-9-98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: *Joseph Adner* ADNER JOSEPH 4/24-98 (205) 757-8311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2040 (8/97)