

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 MAR 27 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N96000005684

1. Corporation Name

The Haitian Coalition of Central Florida, Inc.
5579 Breckenridge Circle
Orlando, Fl. 32818

Principal Place of Business

Mailing Address

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 98-00

4. Date Incorporated or Qualified
To Do Business in Florida

11/04/1996

5. FEI Number

59-3410208

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Rev. Calixte Francois	5579 Breckenridge Circle	Orlando, Fl. 32818
T	Rev. Abner Malivert	1606 Queensway Rd.,	Orlando, Fl. 32808
S	Sister Altagrace Francois	5579 Breckenridge Circle	Orlando, Fl. 32818
S	Antonio Louis	P.O. Box 551222	Orlando, Fl. 32805
T	Colene Fleurenvill	5108 Rndialantic Drive	Orlando, Fl. 32808

8. Name and Address of Current Registered Agent

Rev. Calixte Francois
5579 Breckenridge Circle
Orlando, Fl. 32818

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

800003202568-8

-04/11/00--01006--018

****358.75 ****358.75

State Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

2-21-2000

11. This corporation owes 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (12/98)