2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
04 DEC 29 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005684

1. Entity Name
THE HAITIAN COALITION OF CENTRAL FLORIDA, INC.

REINSTATEMENT

Principal Place of Business	Mailing Address
5579 BRECKENRIDGE CIRCLE ORLANDO, FL 32818	5579 BRECKENRIDGE CIRCLE ORLANDO, FL 32818

2. Principal Place of Business	3. Mailing Address
5246 N-OBT Suite, Apt. #, etc.	P.O.Box 55/222 Suite, Apt. #, etc.
City & State: Orlando Fl	City & State: Orlando. Fl
Zip: 32810 County: Orange	Zip: 32805 Country:

4. FEI Number: 59-3410208 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRANCOIS, CALIXTE REV. 5579 BRECKENRIDGE CIRCLE ORLANDO, FL 32818	Name Street Address (P.O. Box Number is Not Acceptable) 300043699119 12/23/04--01025--004 **8.75 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 300043699119
12/29/04--01025--003 **61.25
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $61.25
After January 1, 2005, Fee will be $122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALTAGRACE, SISTER REV. 5579 BRECKENRIDGE CIRCLE ORLANDO, FL 32818	☐ Delete Board chair assistance	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition Danielle Brathwaite 2215 weston ln APT E ORL. FL. 32810 Development committee chair
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T AUGUSTIN, JEAN REV. 5167 CINDERLANE APT 111 ORLANDO, FL 32818	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Zoann Herman 3877 hitty Hawk Ave ORL. FL 32808. Finance assistance
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T REYMONDE, MARIE 4240 DUNNWOODIE #4240 ORLANDO, FL 32839	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Zio detta Faraday 2215 weston ln APT ORL. FL. 32810 Audit committee chair
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	✓ Rev CALIXTE FRANCOIS Founder. 5246 N-OBT ORL. FL 32810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Beverly Brisbane 2229 weston ln APT G Nominating Orlando FL 32810, governance
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	✓ MAE Shaw Board chair 204 Hills place ORL. FL 32805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Evelyne Raymond 3197 w. central Blvd ORL. FL. 32805. Committee chair
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	✓ Pamela Brathwaite 2215 weston ln APT E ORL. FL. 32810, Finance	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Robinson Muse 5246 N OBT ORL. FL 32810. Finance

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 12-25-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #