

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005684

1. Corporation Name

The Haitian Coalition of Central Florida, INC

2. Principal Office Address

5246 N. Orange Blossom Trail

3. Mailing Office Address

P.O. Box 551222

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32810

Country

USA

Zip

32855

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3410208

☒ Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Calixte Francois, Pastor

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

1229 25th Street

Suite, Apt. #, Etc.

City

Orlando, FL

State

FL

Zip Code

32805

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**

REGISTERED AGENT MUST SIGN

Date

01/18/07

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
Founder	Calixte Francois, Pastor	5246 N. Orange Blossom Trail	Orlando, FL 32810
Co-Founder	Altagrace Francois	5246 N. Orange Blossom Trail	Orlando, FL 32810
Admin. Director	Charles Marrero	1229 25th Street	Orlando, FL 32805

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 contained in Chapter 119, 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

01/18/07

Date

467-841-5005

Daytime Phone #