

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 27 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N 80000-5684*

1. Corporation Name *N 80000005684*
HAITIAN coalition of central
Florida inc.

2. Principal Office Address

5579 Breckenridge

Suite, Apt. #, etc.

3. Mailing Office Address

551222

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32818

Country

USA

Zip

32805

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ren CALIXTE FRANCOIS

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

5579 BRECKEN RIDGE Circle Orlando FL

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32818

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 *01-23-03*

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
<i>D</i>	<i>SISTER AITAGRAE</i>	<i>5579 Breckenridge</i>	<i>Orl. FL 32818</i>
<i>T</i>	<i>JEAN Michel Augustin</i>	<i>5167 Cindere Lane</i>	<i>Orlando FL 32818</i>
<i>T</i>	<i>MARIE Reynold</i>	<i>4240 Dunwoodie</i>	<i>Orlando FL 32818</i>
<i>T</i>	<i>MARIE Reynold</i>	<i>4240 Dunwoodie</i>	<i>Orlando FL 32818</i>

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:

Ren CALIXTE FRANCOIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01-23-03

Daytime Phone #

CR2E081 (9/01)

01-23-03



to whom It may concern
Re: ~~Chalix~~ FR and us
with the Haitian coalition
of central Florida inc
Document # 96000005684

I never received the annual
report letter Form FOR 2001
now I am pending the money —
FOR REIN statement.

God bless America

P. O Box 551222

Orlando FL 32805