

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 AUG 31 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 97000000303

1. Corporation Name

HAITIAN ALLIANCE SOUTHERN DISTRICT, INC.

2. Principal Office Address

898 S.W. 10th Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 7864

Suite, Apt. #, etc.

City & State

Delray Beach, Florida

City & State

Delray Beach Fl.

Zip

33444

Country

U.S.A.

Zip

33482

Country

U.S.A.

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

01-21-1997

5. FEI Number 65-0720889

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

Rev. Jean A. Alexandre

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

1227 Monroe BLVD.

Suite, Apt. #, Etc.

City

Lantana,

State

FL

Zip Code

33461

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**

JEAN A. ALEXANDRE

REGISTERED AGENT MUST SIGN

Date 05/24/01

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
PD	Rev. Dr. Alberto F. Busby Th: D. Alberto F. Busby	706 S.W. 23rd. Avenue	Boynton Bch. Fl. 33435
SD	Jean Robert Jean	2712 Dorson Way	Delray Bch. Fl. 33445
D	Adner Joseph	309 Southridge Road	Delray Bch. Fl. 33444
D	Jacques Dieugrand	2120 Helene Circle	Boynton Bch. Fl. 33436

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.

Rev. Alberto F. Busby P.D.

SIGNATURE:

Rev. Alberto F. Busby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-10-'01

Daytime Phone #

276-7711

CR2E081 (9/00)