

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 20 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000001108

1. Corporation Name

Haitian Development Foundation, Inc.

2. Principal Office Address

625 N. Flagler Drive

3. Mailing Office Address

same

Suite, Apt. #, etc.

9th Floor

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Zip

33401

Country

USA

Zip

Country

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

2-27-1997

5. FEI Number

65-0745254

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

Quetel Osterval

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

625 N. Flagler Drive, 9th Floor

400045111804

Suite, Apt. #, Etc.

City

West Palm Beach, FL

State
FL

Zip Code

33401

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

Date 1-18-05

REGISTERED AGENT MUST SIGN

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
Pres. Dir.	Quetel Osterval	625 N. Flagler Drive, 9th FL - W. Palm Beach	FL 33401
Sec. Tres/Dir.	Wilnique Osterval	625 N. Flagler Drive, 9th FL - W. Palm Beach,	FL 33401
VP Dir.	Marie C. Dieujuste	625 N. Flagler Drive, 9th Fl - W. Palm Beach,	FL 33401

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-05 561-822-0310
Date Daytime Phone #

CR2E081 (01/05)



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 151546

AUTHORIZATION : \$673.75

COST LIMIT : ~~\$1800.75~~

6099A Patricia T. S.

ORDER DATE : January 19, 2005

ORDER TIME : 10:40 AM

ORDER NO. : 151546-010

CUSTOMER NO: 6099A

CUSTOMER: Ms. Tracie A. Castiglia
Moyle Flanigan Katz Raymond &
P.O. Box 3888

West Palm Beach, FL 33402-3888

DOMESTIC FILINGS

NAME: HAITIAN DEVELOPMENT
FOUNDATION, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Justin Cheshire

EXAMINER'S INITIALS _____

RECEIVED
05 JAN 19 PM 12:49
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA