PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 NOV -6 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-08 KS

CR2E081 (10/06)

DOCUMENT # N98000001827

1. Corporation Name

WYCLEF JEAN FOUNDATION INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
320 W. 46th Street	320 W. 46th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Fifth Floor	Fifth Floor
City & State	City & State
New York, New York	New York, New York
Zip / Country	Zip / Country
10036 / USA	10036 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/30/1998

5. FEI Number: 660-823-881 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive

Suite, Apt. #, Etc.: Suite 4

City: Weston | State: FL | Zip Code: 33331

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Lisa Ellis Date: 11-04-08

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
D/C	Wyclef Jean	320 W. 46th Street, 5th Floor	New York, New York 10036
D/CEO/T	Jerry Duplessis	320 W. 46th Street, 5th Floor	New York, New York 10036
D	Lisa Ellis	320 W. 46th Street, 5th Floor	New York, New York 10036

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: Jerry Duplessis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations

Public Access System

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CORPORATION REINSTATEMENT

WYCLEF JEAN FOUNDATION INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$367.50