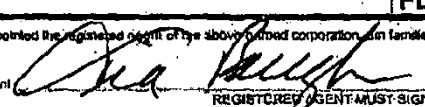
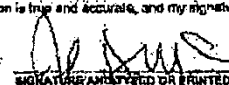


UCC SERVICES

Fax: 8506816011

Nov 6 2008 9:32 P.02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000001827			
1. Corporation Name WYCLEF JEAN FOUNDATION INC.			
2. Principal Office Address - No P.O. Box # 320 W. 46th Street		3. Mailing Office Address 320 W. 46th Street	
Suite, Apt. #, etc. Fifth Floor		Suite, Apt. #, etc. Fifth Floor	
City & State New York, New York		City & State New York, New York	
Zip 10036	Country USA	Zip 10036	Country 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 ☒ \$1.75 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 607.0905 or 617.0503, F.S.			
Signature of Registered Agent 		Date 11-04-08	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/C	Wyckle 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 110, 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: 		Name: Jerry Duplessis	
SIGNATURE/PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: _____ Daytime Phone: _____	

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

REINSTATEMENT 06-08 KS
 CR2E081 (10/08)

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : UCC FILING & SEARCH SERVICES, INC.
Account Number : I19980000054
Phone : (850) 681-6528
Fax Number : (850) 681-6011

CORPORATION REINSTATEMENT

WYCLEF JEAN FOUNDATION INC.

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