


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 27 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 01-03				FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N 9800000 1827					
1. Corporation Name Wyclef Jean Foundation, Inc.					
2. Principal Office Address 420 Lexington Ave Suite, Apt. #, etc. Suite 1633A City & State New York, NY Zip 10170 Country USA			3. Mailing Office Address 420 Lexington Ave Suite, Apt. #, etc. Suite 1633A City & State New York, NY Zip 10170 Country USA		

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05/27/03--01061--003 **183.75

4. Date Incorporated or Qualified To Do Business in Florida March 30, 1998	
5. FEI Number 65-0823881	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Stella McLaughlin	
Street Address (P.O. Box Number is Not Acceptable) 9325 Southwest 181st Street	
Suite, Apt. #, Etc.	
City Miami	State FL Zip Code 33157

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

Stella McLaughlin

Date **May 14, 2003**

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	Tracey Allison	207 E. 37 Street, 1G	New York, NY 10016
O	Wyclef Jean	228 Highland Rd	So. Orange, NJ 07078
O	Sam Jean	228 Highland Rd	So. Orange, NJ 07079
O	Seth Kanegis	14 E. 77th St. Apt 5	New York, NY 10021

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/29