

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
John Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 OCT 27 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000004338

1. Corporation Name

SOCIAL ACTION FOR HAITIAN DEVELOPMENT, INC.

Principal Place of Business

2914 E. DR. MARTIN LUTHER KING JR. BLVD.  
TAMPA FL 33610

Mailing Address

2914 E. DR. MARTIN LUTHER KING JR. BLVD.  
TAMPA FL 33610



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

6106 N NEBRASKA

Suite, Apt. #, etc.

6106 N NEBRASKA

City & State

TAMPA Florida

City & State

TAMPA FL 3

Zip

33604

Country

Hillsborough

Zip

33604

Country

Hillsborough

4. Date Incorporated or Qualified  
To Do Business In Florida

07/24/1998

5. FEI Number

59-3528635

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	CENOBLE, JEAN C	1410 E. 130TH AVE., #202 2513 RAE CT APT C2	TAMPA FL 33613
D	STIMPHIL, LUCKNER	12908 N. 15TH ST., #18 1551 UNIVERSITY WOOD PL	TAMPA FL 33612
D	STIMPHIL, FRANCOISE	12908 N. 15TH ST., #18 1551 UNIVERSITY W. P.	TAMPA FL 33612
D	DUBOIS, JENAS	1551 UNIVERSITY DR.	TAMPA FL 33617
			300003035433--3 -11/04/99--01081--008 *****70.00 ***89.00

8. Name and Address of Current Registered Agent

STIMPHIL, LUCKNER  
12908 N. 15TH ST., #18  
TAMPA FL 33612

9. Name and Address of New Registered Agent

Name LUCKNER, STIMPHIL  
Street Address (P.O. Box Number is Not Acceptable)  
1551 UNIVERSITY WOOD PLACE  
Suite, Apt. #, Etc.  
City TAMPA State FL Zip Code 33612

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Lucas Stimpil

Date 10/22/99

REGISTERED AGENT MUST SIGN

11. 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:

Jean Clobaire Cenoble

10/22/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #