


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 SEP -6 AM 11:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA																					
DOCUMENT # <u>N 98 00000 4338</u>																									
1. Corporation Name <u>Social Action For Haitian Development Inc</u>																									
2. Principal Office Address <u>3707 E SHADOWLAWN AVE</u> Suite, Apt. #, etc. <u>1</u> City & State <u>Tampa Florida</u> Zip <u>33610</u>		3. Mailing Office Address <u>P.O. Box 11396</u> Suite, Apt. #, etc. <u>1</u> City & State <u>Tampa Florida</u> Zip <u>33680</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>July 24-1998</u>																					
				5. FEI Number <u>59-3528635</u> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>																					
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																					
7. Name and Address of Current Registered Agent																									
Name <u>JEAN C CENoble</u>		200004587422-7 -09/13/01-01069-010 ***277.00 ***277.00																							
Street Address (P.O. Box Number is Not Acceptable) <u>3707 E SHADOWLAWN AVE</u>																									
Suite, Apt. #, Etc. <u>1</u>																									
City <u>Tampa</u>		State <u>FL</u>		Zip Code <u>33610</u>																					
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 <u>[Signature]</u>		Date <u>9/04/01</u>																							
REGISTERED AGENT MUST SIGN																									
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																									
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>P/D</td><td>JEAN C CENoble</td><td>8707 E SHADOWLAWN AVE</td><td>Tampa FL 33610</td></tr><tr><td>S/D</td><td>Luckner Stimpfili</td><td>8729 N 50th St # H</td><td>Tampa FL 33617</td></tr><tr><td>T/D</td><td>FRANCOISE Stimpfili</td><td>8729 N 50th St # H</td><td>Tampa FL 33617</td></tr><tr><td colspan="3"></td><td>200004587422-7 -09/13/01-01069-010 *****20.50 *****20.50</td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P/D	JEAN C CENoble	8707 E SHADOWLAWN AVE	Tampa FL 33610	S/D	Luckner Stimpfili	8729 N 50th St # H	Tampa FL 33617	T/D	FRANCOISE Stimpfili	8729 N 50th St # H	Tampa FL 33617				200004587422-7 -09/13/01-01069-010 *****20.50 *****20.50
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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: <u>JEAN C CENoble</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>9/04/01</u> 813 234 2398 Daytime Phone #																							

CR2E081 (9/00)