

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N98000004338

1. Corporation Name

Social Action For Haitian Development Inc

2. Principal Office Address

3707 E SHadowlawn Ave
Suite, Apt. #, etc.

Tampa Florida
City & State

33610 Hillsborough
Zip Country

3. Mailing Office Address

Po Box 11396
Suite, Apt. #, etc.

Tampa Florida
City & State

33680 Hillsborough
Zip Country

FILED
03 MAR 24 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400015766814
04/11/03--01076--009 **\$1.25

4. Date Incorporated or Qualified
To Do Business in Florida

7/28/1998

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. Name and Address of Current Registered Agent

Name

JEAN C CENOBLE

Street Address (P.O. Box Number is Not Acceptable)

3707 E SHadowlawn Ave

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33610

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/12/03

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
P/O	JEAN C CENOBLE	3707 E SHadowlawn Ave	Tampa FL 33610
T/O	Marie M CENOBLE	3707 E Shadawlawn Ave	Tampa FL 33610
S/O	Luckner Stimpf	8729 N. 50 St # 4	Tampa FL 33617
D		OB UBR	78

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: JEAN CENOBLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/03

Date

236 6619

789 1985

Daytime Phone #

CR2E081 (9/00)