

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 AUG 23 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **198000006664**

1. Corporation Name
HAITIAN-AMERICAN GRASSROOTS COALITION

2. Principal Office Address
4584 N.E 2 Avenue

Suite, Apt. #, etc.

City & State
Miami, Fl. 33137

Country
USA

3. Mailing Office Address
P.O. Box 381416

Suite, Apt. #, etc.

City & State
Miami, Fl. 33238

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
11/98

5. FEI Number
65-0937003

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-Robert Lafortune 13235 N.W 2 Avenue, MIami, Fl. 33168

Street Address (P.O. Box Number is Not Acceptable)
13235 N. W 2 Avenue

Suite, Apt. #, Etc.
Miami, Fl

City
Miami

State
FL

Zip Code
33168

100003377981-9
-08730700-01071-002-
******297.50 ****297.50**

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

Jean R. Lafortune
REGISTERED AGENT MUST SIGN

Date **8/20/00**

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
President	Jean-R. Lafortune D	13235 N.W 2 Avenue	Miami, Fl. 33168
Treasurer	Georges William D	4584 N.E 2 Avenue	Miami, Fl. 33137
Vice-President	Lavaric Gaudin D	28 N.E 54. Street	Miami, Fl 33137

REINSTATEMENT 99-00 TS

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 R. Lafortune **Jean R. LAFORTUNE**

Date

Daytime Phone #

8/20/00