

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 OCT 16 AM 11:55

DOCUMENT # **N98000006664**  
1. Corporation Name  
**HAITIAN-AMERICAN Grassroots  
Coalition, Inc.**

2. Principal Office Address  
**4584 N.E 2 Ave.**  
Suite, Apt. #, etc.

3. Mailing Office Address  
**P.O. Box 381416**  
Suite, Apt. #, etc.

City & State  
**MIAMI, FL**  
Zip  
**33137** Country

City & State  
**MIAMI, FL**  
Zip  
**33238** Country

4. Date Incorporated or Qualified  
To Do Business in Florida **1998**  
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 R. LAFORTUNE**  
Street Address (P.O. Box Number is Not Acceptable)  
**2661 S.W 154 Pl**  
Suite, Apt. #, Etc.  
City **MIAMI, FL** State **FL** Zip Code **33185**

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** Date **8/10/2007**  
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
P/D	Jean R. LAFORTUNE	2661 S.W 154 Pl.	MIAMI, FL. 33185
V/D	Marleine Bastien	8325 N.E 2 Ave	MIAMI, FL. 33138
S/D	Secretary <sup>Lucie</sup> <del>Tondrea</del>	<del>9822 N.E 2 Ave.</del>	MIAMI, FL. 33138
T/D	Georges William	4584 N.E 2 Ave.	MIAMI, FL. 33137
D	LAVARICE Gaudin	28 N.E 54 St.	MIAMI, FL. 33127
D	Winnie Cantave	1701 N.W 167 St	MIAMI, FL. 33150

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 **8/10/2007** Daytime Phone # **305-785-4248**

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