

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N98000006673

1. Corporation Name

TET KOLE POU LA GONAVE, INC.

Principal Place of Business

115 N. 13TH STREET
FT. PIERCE FL 34950

Mailing Address

P.O. BOX 5511
FORT PIERCE FL 34954

FILED

00 JAN 31 PM 3: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

09-2000

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc. SAME

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. SAME

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

11/16/1998

SP

5. FEI Number

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
① Pres	JEAN C. Edmond	2401 S. 25TH ST	FORT PIERCE, FL 34981
② Secretary	Enile Joseph	612 S. 23rd ST	FORT PIERCE, FL 34950
③ Vice	LAVAUD Edmond	512 NORTH 6TH ST	FORT PIERCE, FL 34950
Secre	JEAN Z. Etienne	904 North 22nd ST	FORT PIERCE, FL 34950
④ Treasurer	Wilbert Lapointe	431 N. 8TH ST	FORT PIERCE, FL 34950
⑤	Benjamin Laurent	431 N. 8TH ST	FORT PIERCE, FL 34950

8. Name and Address of Current Registered Agent

THE HAITIAN AMERICAN CITIZEN CLUB, INC.
436C N. 7TH ST.
FT. PIERCE FL 34950

9. Name and Address of New Registered Agent

Name SAME
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. 100003130831-4
City FL
Zip 34950

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/13/99

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN C. Edmond

10/13/99

Date

Daytime Phone #

100003130831-4
-02/10/00--01036--004
****236.25 ****236.25

561-468-0702