

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 JAN 31 PM 3: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



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

SAME

3. New Mailing Office Address, If Applicable

SAME

4. Date Incorporated or Qualified To Do Business in Florida

11/16/1998

SP

5. FEI Number

Applied For

X 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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include Jean C. Edmond, Enile Joseph, LaVaud Edmond, JEAN Z. Etienne, Wilbert Lapointe, Benjamin Laurent.

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

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: [Handwritten Signature]
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
JEAN C. Edmond

10/13/99

Date

Daytime Phone #

100003130831-4
-02/10/00-01036-004
***236.25 ***236.25
561-468-0702