

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 14 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000007280

1. Corporation Name

HAITIAN-AMERICAN SUPPORT GROUP OF CENTRAL FLORIDA, INC.

Principal Place of Business

1335 WEST WASHINGTON STREET
ORLANDO FL 32805

Mailing Address

1335 WEST WASHINGTON STREET
ORLANDO FL 32805

REINSTATEMENT



000024706560
11/14/03--01047--013 **61.25

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.
SUITE B 2d floor

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
SUITE B 2d floor.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/1998

5. FEI Number

59-3553522

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	ROMULUS, EDWIGE	4215 CAROUSEL RD	ORLANDO FL 32808
DV	LAHENS, WESLEY	1412 W HOLDEN AVE APT A	ORLANDO FL 32839
DS	BOWMAN, SABINE	790 E BIRCHWOOD CIR	KISSIMEE FL 34743
DT	ALEXANDRE, ANTOINE	2209 WOODWIND DR	ORLANDO FL 32808
DT	VENORD, JEAN	1510 E COLONIAL DR #300	ORLANDO FL 32803
D	JEAN-BAPTISTE, RONALD	5244 LIGHTHOUSE RD	ORLANDO FL 32839

8. Name and Address of Current Registered Agent

BARBAER, RAY A
224 ANNIE ST
ORLANDO FL 32806

9. Name and Address of New Registered Agent

Name

BARBER, RAY A.

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/6/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-6-03

Daytime Phone #

CR2E040 (7/03)



Haitian-American Support Group of Central Florida, Inc

1335 W. Washington Street, #B 2nd Floor

Orlando, Florida 32805

Telephone: (407) 428-5753 Fax: (407) 428-1682

E-Mail: HASGCEFINC@AOL.COM

November 10, 2003

Division of Corporation
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6317

Re: Application for Reinstatement

Dear Sir or Madam:

Enclosed, please find our completed application for reinstatement.

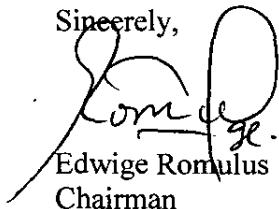
We are a not for profit corporation. We never received any uniform business report (UBR) notices this year. This may be because the address that you are using does not include the suite or floor. Please note on the enclosed application that we have listed in our address "Suite B, Second Floor".

Please waive the reinstatement fee.

Enclosed please find check number 1518 in the amount of \$61.25 as the filing fee for a not for profit corporation.

Should you have any questions or concerns, please contact the undersigned at the number indicated above.

Sincerely,



Edwige Romulus
Chairman