PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # N99000002753

1. Corporation Name

GREATER OF MIAMI HAITIAN AND AMERICAN FEDERATION , INC.

Principal Place of Business	Mailing Address
4141 NO. MIAMI AVE..STE.302 MIAMI FL 33127	4141 NO. MIAMI AVE..STE.302 MIAMI FL 33127

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

REINSTATEMENT 01

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
N/A	P.O.Box 370476
Suite, Apt. #, etc.: N/A	Suite, Apt. #, etc.:
City & State: N/A	City & State: Miami, Florida
Zip: N/A Country: N/A	Zip: 33137-0476 Country: U.S.A.,

4. Date Incorporated or Qualified To Do Business in Florida: 05/05/1999

5. FEI Number: 65-0920654 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED XX $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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
TP	ALEXIS, HERLY	430 N.E. 63RD. STREET	MIAMI FL 33137
TS	VERNERET, JEAN DAVID	430 N.E. 63RD. STREET	MIAMI FL 33138
TT	PIERRE, MAX JEFFERSON	817 N.E. 125TH ST.	MIAMI FL 33161
T	HERARD, GERALD	840 N.W. 118TH ST.	MIAMI FL 66168
T	DESIRE, JEAN CLAUDE	840 N.W. 118TH ST.	MIAMI FL 66168

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8. Name and Address of Current Registered Agent

ALEXIS, HERLY
4141 NO. MIAMI AVE.,STE.302
MIAMI FL 33127

9. Name and Address of New Registered Agent

Name: Herly Alexis
Street Address (P.O. Box Number is Not Acceptable): 4141 North Miami Avenue,
Suite, Apt. #, Etc.: Suite #302
City: Miami State: FL Zip Code: 33127

CR2E040 (6/01)

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.

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Signature of Registered Agent: SIGNATURE REQUIRED Date: 10/01/01
REGISTERED AGENT MUST SIGN

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: Herly Alexis, President 11/02/01 (305)576-9049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #