

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 27 PM 12:22

DOCUMENT # N99000002926

1. Corporation Name
THE HAITIAN ASSOCIATION FAMILY, INC.

Principal Place of Business
5205 HANCOCK ROAD
JACKSONVILLE FL 32254

Mailing Address
5205 HANCOCK ROAD
JACKSONVILLE FL 32254
P.O. BOX 6692
JAX FL 32236-6692



REINSTATEMENT 2002

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

2. New Principal Office Address, If Applicable
140 W. 41st Street.

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.

City & State
JAX FL

City & State

Zip
3220

Country
USA

Zip

Country

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

5. FEI Number
59-3751305

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
PD	BOOZ, PAUL Paul, BOOZ	5205 HANCOCK RD.	JACKSONVILLE FL 32254
D	DOMOND, BERNARD	140 W. 41ST ST.	JAX FL 32207
SD SD	PAUL, MARJORIE L	5205 HANCOCK RD.	JACKSONVILLE FL 32254
V	Wilson Jean Louis	222 Blairmore Blvd #89 222 W. 41st St.	O.P. 32073 Orange Park, FL
T	MARIE T PAUL	222 Blairmore Blvd #89	O.P. FL 32073 Orange Park, FL

05/03/02 90160 043 \$61.25

8. Name and Address of Current Registered Agent

PAUL, BOOZ
5205 HANCOCK ROAD
JACKSONVILLE FL 32254

9. Name and Address of New Registered Agent

Name

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/27/02

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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 12/27/02

Daytime Phone #

CR2E040 (8/02)