

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

04 DEC 20 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N99000005508

**1. Corporation Name**

HUMANITARIAN ACTION FOR HAITI, INC.

5860 NE 2ND AVE  
5860 NE 2ND AVE

**2. Principal Office Address**  
5860 NE 2ND AVE

**3. Mailing Office Address**  
5860 NE 2ND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33137

Country

USA

Zip

33137

Country

USA

REINSTATEMENT 04

**4. Date Incorporated or Qualified  
To Do Business in Florida** 09-13-1999

**5. FEI Number**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

RENESCA, ROBERT

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

5860 NE 2ND AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33137

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Robert Renesca*

REGISTERED AGENT MUST SIGN

Date 11-05-2004

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	RENESCA, ROBERT	5860 NE 2ND AVE	MIAMI, FLORIDA 33137
AST	THERLONGE, JOSEPH	3255 NW 97TH STREET	MIAMI, FLORIDA 33147
VD	FAMILUS, JEAN L.	225 NW 125TH STREET	MIAMI, FLORIDA 33168
AT	POLYCARPE, ROSEMONDE	5552 NORTH MIAMI AVE	MIAMI, FLORIDA 33127
VP	PIERRE, GUYLAINE	585 NW 101st STREET	MIAMI, FLORIDA 33150
T	TANELUS, FARELUS	1160 NW 122ND STREET	MIAMI, FLORIDA 33168

**10. 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:

*ROBERT RENESCA Robert Renesca*

Date

Daytime Phone #

CR2081 (01/04)