

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000005508

1. Entity Name
HUMANITARIAN ACTION FOR HAITI INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV -9 PM 3:00

Principal Place of Business
5860 NE 2ND AVE
MIAMI, FL 33137

Mailing Address
5860 NE 2ND AVE
MIAMI, FL 33137

REINSTATEMENT 05



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11042005 REIN-NP CR2E099 (6/04)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RENESCA, ROBERT
5860 NE 2ND AVENUE
MIAMI, FL 33137

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2006, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME RENESCA, ROBERT
STREET ADDRESS 5860 NE 2ND AVENUE
CITY-ST-ZIP MIAMI, FL 33137 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
700061292107
11/09/05--01038--006 **236.25

TITLE AST
NAME THERLONGE, JOSEPH
STREET ADDRESS 3255 NW 97TH STREET
CITY-ST-ZIP MIAMI, FL 33147 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME FAMILUS, JEAN L
STREET ADDRESS 225 NW 125TH STREET
CITY-ST-ZIP MIAMI, FL 33168 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AT
NAME POLYCARPE, ROSEMONDE
STREET ADDRESS 5552 N MIAMI AVE
CITY-ST-ZIP MIAMI, FL 33127 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME PIERRE, GUYLAINE
STREET ADDRESS 585 NW 101ST ST
CITY-ST-ZIP MIAMI, FL 33150 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME TANELUS, FARELUS
STREET ADDRESS 1160 NW 122ND STREET
CITY-ST-ZIP MIAMI, FL 33168 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-04-05 305-751-7892