


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000005508 1. Entity Name HUMANITARIAN ACTION FOR HAITI INC.					
Principal Place of Business 5860 NE 2ND AVE MIAMI, FL 33137				Mailing Address 5860 NE 2ND AVE MIAMI, FL 33137	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RENESCA, ROBERT 5860 NE 2ND AVENUE MIAMI, FL 33137			7. Name and Address of New Registered Agent 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: <u>Robert Renesca</u> <u>Oct. 19 - 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RENESCA, ROBERT 5860 NE 2ND AVENUE MIAMI, FL 33137	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST THERLONGE, JOSEPH 3255 NW 97TH STREET MIAMI, FL 33147	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FAMILUS, JEAN L 225 NW 125TH STREET MIAMI, FL 33168	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT POLYCARPE, ROSEMONDE 5552 N MIAMI AVE MIAMI, FL 33127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PIERRE, GUYLAINE 585 NW 101ST ST MIAMI, FL 33150	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TANELUS, FARELUS 1160 NW 122ND STREET MIAMI, FL 33168	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Robert Renesca</u> <u>Oct. 19 - 2007</u> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>		

FILED

07 OCT 24 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10/24/07 REINSTATEMENT (1/07) 007

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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SIGNATURE

Robert Renesca Oct. 19 - 2007

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

☐ Delete

TITLE
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THERLONGE, JOSEPH
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MIAMI, FL 33150

☐ Delete

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

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900111301363
10/24/07--01052--004 \$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE:

Robert Renesca Oct. 19 - 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #