

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

**CORPORATION
RESTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 30 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000 87984

1. Corporation Name

Haitian Broadcasting Network, Inc.

2. Principal Office Address

185 N.E. 84th Street

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33138

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-1038680

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

Marlon A. Hill, Esq.

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

1200 Brickell Avenue

Suite, Apt. #, Etc.

950

City

Miami

State
FL

Zip Code

33131

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

Marlon A. Hill

Date

1/7/03

REGISTERED AGENT MUST SIGN

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
Director/President	Rudolph Moise, D.O.	1717 N. Bayshore Drive Suite #3032	Miami, Florida 33132
Director	Carlo Jean Joseph, Esq.	6730 W. Commercial Blvd.	Lauderhill, FL 33319
Director	Ira Kurzban, Esq.	2650 SW 27th Avenue 2nd Floor	Miami, Florida 33133
Director	Emiline Alexis	855 N.E. 143rd Street	Miami, Florida 33161

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rudolph Moise, D.O., President

Date

1/15/03

Daytime Phone #

305 688-0811

CR2E081 (10/02)



delancyhill

a professional association
attorneys-at-law

January 9, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Haitian Broadcasting Network

Dear Sir/Madam:

Enclosed, please find the Reinstatement Form, Statement of Change for Registered Agent, and fees in the total amount of \$300.00 and \$35.00, respectively, for Haitian Broadcasting Network.

*WILL contact J. Nelson -
SAME TIME AS on
Reinstatement
PS - Amend -*

The above referenced corporation did not receive appropriate service of reinstatement due to a change in administration. We would appreciate consideration of a waiver of the reporting penalty.

Thank you for your consideration.

Very truly yours,

DELANCYHILL, P.A.

Marlon A. Hill

Encl.