

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAY 24 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P 02 00 00 71845**

1. Corporation Name

**HAITI NETWORKING.COM INC**

**900035714959**  
06/01/04--01006--010 \*\*150.00

**900035714959**  
05/06/04--01057--030 \*\*250.00

**900035714959**  
05/06/04--01057--029 \*\*500.00

**03.04**

2. Principal Office Address

**3896 W Dalke Blvd  
Fort Lauderdale FL 33312**

3. Mailing Office Address

**11055 NW 27th  
Sunrise FL 33322**

City & State

**Fort Lauderdale FL**

City & State

**Sunrise FL**

Zip Country Zip Country  
**33312 USA 33322 USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**02-0638620**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ 3875 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**Feguiere Esperant**

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

**11055 N.W. 27th**

Suite, Apt. #, Etc.

City

**Sunrise**

State

**FL**

Zip Code

**33322**

**REINSTATEMENT**

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

**Feguiere Esperant**

REGISTERED AGENT MUST SIGN

Date

**04/27/04**

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
P	<b>Feguiere Esperant</b>	<b>11055 N.W. 27th</b>	<b>Sunrise FL 33322</b>
VP	<b>Esther Petit</b>	<b>2423 N.W. 55th ave.</b>	<b>Lauderhill FL 33313</b>
T	<b>Cassandra Esperant</b>	<b>11055 N.W. 27th</b>	<b>Sunrise FL 33322</b>
D	<b>Serge Edward</b>	<b>7832 Deledo Blvd.</b>	<b>Miramar FL 33023</b>
	<del><b>RENAT RENETTE ESPERANT</b></del>	<del><b>11055 N.W. 27th</b></del>	<del><b>Sunrise FL 33322</b></del>
GM	<b>RENETTE ESPERANT</b>	<b>11055 NW 27th</b>	<b>Sunrise FL 33322</b>

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:

**Feguiere Esperant**

**Feguiere Esperant**

Date

Daytime Phone #

CR2E081 (10/02)