

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -3 AM 8:00

DOCUMENT # **P02000115517**

1. Corporation Name

**LITTLE HART COMMUNITY VOCATIONAL
CENTER INC.**

REINSTATEMENT 03-04

MRS

2. Principal Office Address

8325 N.E. 2ND AVE

3. Mailing Office Address

920 NW 179 STREET

Suite, Apt. #, etc.

SUITE # 7

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33138

Country

MIAMI DADE

Zip

33169

Country

MIAMI DADE

4. Date Incorporated or Qualified
To Do Business in Florida

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

CHARLES JUDE

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

920 NW 179 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33169

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

12/1/04

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
D	CHRISTINE JEAN BAPTISTE	920 NW 179 St. MIAMI FL 33169	MIAMI FL 33169

3010043169873
12/03/04--01033--006 **300.00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-01-04/305/332-2505

Daytime Phone #

2082

LITTLE HAITI COMMUNITY VOCATIONAL CENTER INC

8325 N.E. 2nd Ave., Suite #7 Miami, FL 33138 • Tel: (305) 754-9000 • Fax (305) 754-9000

December 1, 2004

Division of Corporations
Department of State
409 East Gaines St.
Tallahassee, FL 32399

Re: FOR-PROFIT CORPORATION REINSTATEMENT

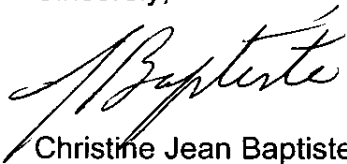
On behalf of the Board of Directors of the Little Haiti Community Vocational Center Inc., I am requesting your assistance regarding the reinstatement our Corporation.

The Little Haiti Community Vocational Center Inc., was organized in 2002. Since its inception the organization strived to achieve its purpose of existence. Unfortunately, in 2003, since we DID NOT RECEIVE the annual document, the Corporation was dissolved by the State of Florida. To help expedite the reinstatement process we have enclosed a money order in the amount of \$300.00.

For all future correspondence, please use the following address:

Little Haiti Community Vocational Center Inc
920 NW 179th Street
Miami, FL 33169

Sincerely,



Christine Jean Baptiste
Executive Director

CC: Charles Jude