

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 12 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06250

1. Corporation Name

Haiti Christian Development Fund, INC.

300173355453
04/12/10--01074--001 **70.00

300173355453
03/29/10--01018--001 **1470.00
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

3139 Bayberry Way

Suite, Apt. #, etc.

3. Mailing Office Address

3139 Bayberry Way

Suite, Apt. #, etc.

City & State

Margate, FL

City & State

Margate, FL

Zip

33063

Country

USA

Zip

33063

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

May 30, 1985

5. FEI Number

64-0650807

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

Jean L Thomas

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

3139 Bayberry Way

Suite, Apt. #, Etc.

City

Margate

State

FL

Zip Code

33063

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

JL Thomas

Date 3/26/2010

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
Mr	Jean L Thomas	3139 Bayberry Way	Margate, FL 33063
Mr	Phil Reed	128 Fredrica	Jackson, MS 39209
Mr	Lowell Noble	1831 Robinson St	Jackson, MS 39209
Mrs	Laurel McElvain	5136 Outlook	Mission, KS 66202
Mr	Lon Fendall	16295 NE North Valley Rd	Newberg, OR 97132
Mr	Ted Wood	23 Hartshorn St	Reading, MA 01867

10. E-mail Address: jlemedthomas@hdcf.org

(To be used for future annual report notification)

11. 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. I further certify, 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:

JL Thomas

Jean L Thomas

3/26/2010

954-727-3681

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #