

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000120234

1. Entity Name
HAITIAN-AMERICAN CHRISTIAN SOCIETY, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT 19 AM 11:56

Principal Place of Business
111 NW 77 STREET
MIAMI, FL 33150

Mailing Address
P.O. BOX 380543
MIAMI, FL 33238-0543



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09282009 REIN-P CR2E098 (1/07)

4. FEI Number
11-3836888

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERILUS, CLERVY
1211 NW 53RD STREET
MIAMI, FL 33142

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2010, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
MERILUS, CLERVY
1211 NW 53 STREET
MIAMI, FL 33142

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SEC
MERILUS, BERNADETTE
1211 NW 53 STREET
MIAMI, FL 33142

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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MERILUS, BERNADETTE
1211 NW 53 STREET
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

700161894027
10/19/09--01046--006 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 607, 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: Clervy Merilus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/09

Date

(305) 754-4984
305 757-7515

Daytime Phone #