

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 04 MAR -4 AM 8:00

DOCUMENT # **N02000007301**

1. Corporation Name
GOOD SAMARITANS CLUB INC.

REINSTATEMENT 03-04



700029861007
 03/04/04--01007--020 **297.50

Principal Place of Business Mailing Address
5087 ELMHURST RD W PALM BEACH FL 33417
5087 ELMHURST RD W PALM BEACH FL 33417

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
3915 N. HAVERHILL RD.
 Suite, Apt. #, etc. **Suite 122-123**
 City & State **W. PALM BEACH, FL.**
 Zip **33417** Country **U.S.A**

3. New Mailing Office Address, If Applicable
3915 N. HAVERHILL RD.
 Suite, Apt. #, etc. **Suite 122-123**
 City & State **W. Palm Beach, FL.**
 Zip **33417** Country **U.S.A**

4. Date Incorporated or Qualified To Do Business in Florida
09/24/2002

5. FEI Number
13-4213415


6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President	YVON JOSEPH	6183 Arcade Court	LANTANA, FL. 33463
Vice President	KENOL ARIS	1453 SW 119th Ave	Pembroke, Pines FL. 33025
Secretary	CHRISTELLA ALEXANDRE	998 SW CASCANEDA	PORT ST LUCIE, FL. 34953
Treasurer	GARY MOISE	2013 SW 67th Ter.	MIRAMAR, FL. 33023
Member	SAINVIL SYLVIE	314 SW 2nd Ave.	BOYNTON Bch, FL. 33435
Member	JANVIER JEAN ANDRE	1340 N.E 144th ST	MIAMI, FL. 33161

8. Name and Address of Current Registered Agent
NERETTE, FRANTZ
5087 ELMHURST RD
W PALM BEACH FL 33417


9. Name and Address of New Registered Agent
 Name **RODDY ALEXANDRE**
 Street Address (P.O. Box Number is Not Acceptable) **6232 FOREST HILL Blvd 1**
 Suite, Apt. #, Etc. **APT 108**
 City **W. Palm Beach** State **FL** Zip Code **33415**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent  Date **02/18/04**

REGISTERED AGENT MUST SIGN

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 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:  Date **02/18/04** (772) 3401242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2ED40 (7/03)