

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 DEC 28 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

N00000000801
Fanm Ayisyen nan Palm Beach County

2. Principal Office Address

61 Sparrow Drive

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 221703

Suite, Apt. #, etc.

City & State

West Royal Palm Beach, FL

City & State

West Palm Beach, FL

Zip

Country

33411 U.S.

Zip

Country

33422 U.S.

REINSTATEMENT

2001

4. State Incorporated or Qualified
To Do Business in Florida

Feb, 7, 2000

5. Fil Number

65-1013151

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 (non-refundable fee for processing of status certificate)

7. Name and Address of Current Registered Agent

Name

Freda Laurent

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

61 Sparrow Drive

Suite, Apt. #, Etc.

City

Royal Palm Beach

10000476508

01/10/02-01058

****236.25 ***

LS

State
FL

Zip Code
33422

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236.25

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

Freda B. Laurent

FREDA B. LAURENT
REGISTERED AGENT MUST SIGN

Date 10-25-01

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
president/ director	Freda B. Laurent	61 Sparrow Drive	Royal Palm Beach FL 33411
vice president/ director	Michelle Morse	730 Gardenia Drive	Royal Palm Beach FL 33411
director/ secretary	Linda A. Breed	6198 Fair Green Rd	West Palm Beach FL 33411
director/ treasurer	Catheline Jean-Pierre	832 N. Federal Highway	Lake Worth, FL 33460

10. I certify that I am an officer or director of the corporation and have read and understand the 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)(c), 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:

Linda A. Breed Linda A. Breed

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/01

Date

561 386 4798

Daytime Phone #