

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM...

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 21 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **ACFHA Inc. N00000001293**

1. Corporation Name

**9701 NW 7th Ave
Miami, FL 33150**

2. Principal Office Address

9701 NW 7th Ave

3. Mailing Office Address

9701 NW 7th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami

City & State

Florida

Zip

Country

33150

Zip

Country

33150

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

2/28/2000

5. FEI Number

65-1013184

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

BAYORO, JOSETTE

600005664126--3

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

9701 NW 7th Ave

-06/03/02--01017--003

*****175.00 ***175.00**

Suite, Apt. #, Etc.

Miami, FL 33150

600005664126--3

-06/03/02--01017--004

*****122.50 ***122.50**

City

State

FL

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

Joseette Bayoro

REGISTERED AGENT MUST SIGN

Date

5/14/02

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	BAYORO, Josette	9701 NW 7th Ave	Miami, FL 33150
T	Domingue, Myrna	5230 SW 7th St	Coral Springs FL 33068
T	Bayoro, Veronique	7600 Maple Ave #303	Takoma Park MD 20912

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:

Joseette Bayoro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02

Date

305-762-4200

Daytime Phone #

CR20081 (9/01)