

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 DEC 28 PM 2:03

DOCUMENT # **N00000001980**

1. Corporation Name

C.O.R.E.B.A. INC.

TALLAHASSEE, FLORIDA

Principal Place of Business

1640 NW 9TH AVENUE #A
FORT LAUDERDALE FL 33311

Mailing Address

1640 NW 9TH AVENUE #A
FORT LAUDERDALE FL 33311



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

REINSTATEMENT

2001

2. New Principal Office Address, If Applicable

9530 NW 24th Court
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1635 NW 80th Ave
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

03/27/2000

City & State

Sunrise Florida

City & State

MARGATE FL

5. FEI Number

65-1049404

Applied For

Not Applicable

Zip Country

33322 Broward

Zip Country

33063 Broward

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
P	PETT, PIERRE G	123 NE 9TH AVE #17	NORTH MIAMI FL 33161
F	ST. FLEUR, YOUSELINE	5972 NW 19TH STREET #1	LAUDERHILL-FL 33313
D	TROGENE, JOACENE	1640 NW 9TH AVENUE #A	FORT LAUDERDALE FL 33311
F	SAINT FORT, MICHEL ANGE	9530 NW 24TH COURT	SUNRISE FL 33322
S	NATALIE GEFFRARD	1635 NW 80th AVE #E	MARGATE FL 33063
F	JACOB GEFFRARD	1635 NW 80th AVE #E	MARGATE FL 33063

8. Name and Address of Current Registered Agent

SAINT FORT, MICHEL ANGE
9530 NW 24TH COURT
SUNRISE FL 33322

9. Name and Address of New Registered Agent

Name: SAINT FORT, MICHEL ANGE
Street Address (P.O. Box Number is Not Acceptable): 9530 NW 24th Court
Suite, Apt. #, Etc.: 100004755061-0
City: Sunrise FL 33322
Date: 11/9/01

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.

Signature of Registered Agent

Michel Ange Saint Fort
REGISTERED AGENT MUST SIGN

Date

11/9/01

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:

PETIT, PIERRE G

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/9/01

Daytime Phone #

CR2040 (8/01)