

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 15 PM 5:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000008031

1. Corporation Name

AJANS AYISYEN DEVELOPMAN MEN NAN MEN

2. Principal Office Address - No P.O. Box #

20619 NW 12th Court

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI GARDENS, FLORIDA

City & State

Zip

33169

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

December 6, 2000

5. FEI Number

☒ 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

Dr. Ernst Mirville

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

20619 NW 12th Court

Suite, Apt. #, Etc.

City

Miami Gardens

State

FL

Zip Code

33169

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Dr. Ernst Mirville

Date January 10, 2009

REGISTERED AGENT MUST SIGN

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
PD	Mirville, Dr. Ernst	20619 NW 12th Court	Miami Gardens Florida 33169
SD	Poliard, Dr. Joel Henriquez	20619 NW 12th Court	Miami Gardens Florida 33169
TD	Registre, Ernst	20619 NW 12th Court	Miami Gardens Florida 33169

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 contained in Chapter 119, 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:

Dr. Ernst Mirville

DR. ERNST MIRVILLE

01/10/2009

954-6292854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #