

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 SEP 28 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION

REINSTATEMENT

2007 AR



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N01000002572

1. Corporation Name

INTERFAITH HUMANITARIAN SERVICES INC.

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

7024 TALLOWTREE LN

Suite, Apt. #, etc.

3. Mailing Office Address

7024 TALLOWTREE LN

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32835

Country

ORANGE

Zip

32835

Country

ORANGE

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3709634

☒ 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

THERESE GERVAIS

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

7024 TALLOWTREE LN

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32835

☐ 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.

09/04/07 90043 005 \$75.00

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

Therese Gervais

Date

09-24-07

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
President	THERESE GERVAIS	7024 TALLOWTREE LN ORL FL 32835	ORL FL 32835
Vice- Presid.	DOMINIQUE MATHURIN	7024 TALLOWTREE LN	ORL FL 32835
Treasurer	ANTONY GERVAIS	7024 TALLOWTREE LN	ORL FL 32835
Secretary	LUNA EXCELLENT	7024 TALLOWTREE LN	ORL FL 32835
Marketing	LIMONE JOSEPH	7024 TALLOWTREE LN	ORL FL 32835
Marketing	BENITA JE BAPTISTE	6330 Moore St	ORL FL 32818

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:

Therese Gervais

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/07

Date

(407) 283-0829

Daytime Phone #

THERESE GERVAIS

10/3