

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVAL AND FILED
04 DEC 22 PM 5:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000003000

1. Corporation Name

REACH OUT 2000S HAITIAN MINORITY, INC

REINSTATEMENT 02-04

800042099638
10/22/04--01025--003 **358.75

Waf-39473

2. Principal Office Address <u>3740 N. ANDREWS AVE</u>		3. Mailing Office Address <u>3740 N. ANDREWS AVE</u>	
City & State <u>OAKLAND PARK, FL</u>		City & State <u>OAKLAND PARK, FL</u>	
Zip <u>33309</u>	Country <u>BROWARD</u>	Zip <u>33309</u>	Country <u>BROWARD</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>04/27/01</u>	Applied For <u>Applied</u>	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent

Name <u>LAMERCIE SCOTT</u>	State <u>FL</u>	Zip Code <u>33076</u>
Street Address (P.O. Box Number Is Not Acceptable) <u>11037 NW 46TH DR</u>		
City <u>CORAL SPRINGS, FL</u>		

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 See below Date 10/08/04
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
P	LAMERCIE SCOTT	11037 NW 46TH DR	CORAL SPRINGS, FL 33076
VP	FRANTZ DELVA	3740 N. ANDREWS AVE	OAKLAND PARK, FL 33309
S	JOSETTE LUCIUS	11290 NW 40TH ST	CORAL SPRINGS, FL 33067
D	ROBIN ZAMOR	6319 NW 88TH DR	PARKLAND, FL 33067
D	STEVENLINE MICHEL	3740 N. ANDREWS AVE	OAKLAND PARK, FL 33309
D	ANTOINE SAINT-HILAIRE	3740 N. ANDREWS AVE	OAKLAND PARK, FL 33309

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 Lamercie M. Scott / LAMERCIE SCOTT Date 10/08/04 (904) 588-9492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2ED81 (01/04)