


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000001964		
1. Entity Name CLUB DES COTES-DE-FERROIS, INC.		

FILED

07 JUN 14 PM 3:12

CLERK OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

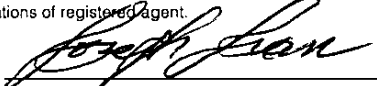
Principal Place of Business 14337 NE AVE. MIAMI, FL 33161	Mailing Address P.O. BOX 640258 N. MIAMI BEACH, FL 33164
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 01-0677757	Applied For Not Applicable
Zip	Country	Zip	Country

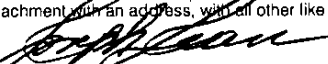
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Joseph Jean Street Address (P.O. Box Number is Not Acceptable) 14337 NE 5th Avenue City Miami FL Zip Code 33161	
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		Joseph Jean, Treasurer	6-11-2007
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating) DATE	

FILE NOW!!! FEE IS \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SAINT-LOUIS, JEAN-ROBERT		NAME				
STREET ADDRESS	445 NW 210 ST #106		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33169		CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	POLLAS, MARIE-LUCIE		NAME				
STREET ADDRESS	500 NE 180 DR		STREET ADDRESS				
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162		CITY-ST-ZIP				
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JOSEPH, URBAIN		NAME				
STREET ADDRESS	12120 NE 8 AVE #C		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33161		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JEAN, JOSEPH		NAME				
STREET ADDRESS	14337 NE 5 AVE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33161		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		Joseph Jean, Treasurer	6-11-2007 305-947-3418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

nc 6/14