

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 15 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000004255**

1. Corporation Name

O.C.A.C.H., INC.

Principal Place of Business

Mailing Address

**2897 POST STREET
JACKSONVILLE FL 32205**

**2897 POST STREET
JACKSONVILLE FL 32205**

REINSTATEMENT 03



000025482610
12/15/03--01010--031 **236.25

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/03/2002

5. FEI Number

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BELIZAIRE, JOCELIN	2897 POST STREET	JACKSONVILLE FL 32205
TD	PIERRE, ANTONIO	2979 DOWNING ST. APT. 3	JACKSONVILLE FL 32205
SD	CONSISTE, WILNER	2979 DOWNING ST. APT. 3	JACKSONVILLE FL 32205
	See	Attached	pages

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**BELIZAIRE, JOCELIN
2897 POST STREET
JACKSONVILLE FL 32205**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/9/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOCELIN BELIZAIRE

Date

12/9/03 (904) 349-5903

Daytime Phone #

CR2E040 (7/03)

Titles	Naneme of Officers and/or Directors	Street Adress of Each Officer and/or Director	City / State / Zip
D	BELIZAIRE, JOCELIN	2897 POST STREET	JACKSONVILLE, FL 32205
TD	PIERRE, ANTONIO	1042 ANTISDALE STREET	JACKSONVILLE, FL 32205
SD	BELIZAIRE, JOSIANISE	3239 JUSTINA TERR #7	JACKSONVILLE, FL 32277
ATD	JEROME, JOHN	7617 QUIGINA DR.	JACKSONVILLE, FL 32277
AD	MICHEL, RIVEAU	2676 CANYON FALLS DR.	JACKSONVILLE, FL 32224