

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUN -8 PH 1:10

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000005997

1. Corporation Name

COMMUNITY SOCIAL HELP FOUNDATION, Corp.

2. Principal Office Address

333 Southeast 2nd Avenue

Suite, Apt. #, etc.

City & State

Delray Beach, FL 33483

Zip

33483

Country

USA

3. Mailing Office Address

333 Southeast 2nd Avenue

Suite, Apt. #, etc.

City & State

Delray Beach, FL 33483

Zip

33483

Country

USA

500037799775
06/09/04--01043--002 **122.50

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

08/08/2002

5. FEI Number

32-0031906

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

Simon Bazelaïs

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

3201 Mahogany Drive

Suite, Apt. #, Etc.

City

Boynton Beach,

State

FL

Zip Code

33436

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

Simon Bazelaïs

REGISTERED AGENT MUST SIGN

Date 06/08/2004

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 |
|--------|--------------------------------------|---|-------------------------|
| Ex, D | Simon Bazelaïs | 3201 Mahogany Dr | Boynton Beach, FL 33436 |
| D | Magalie Sanon | 101 S.W 8th Court | Delray Beach, FL 33444 |
| D | Aliciane Bazelaïs | 120 NW 1 Avenue | Boynton Beach, FL 33435 |
| D | Magloire Romeus | 388 Southeast 2nd Avenue | Delray Beach, FL 33444 |
| D | Eddie Bazelaïs | 643 Kingbird Circle | Delray Beach, FL 33444 |
| | | | 06/08 |

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:

Simon Bazelaïs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/08/04

Date

561/276-9261

Daytime Phone #

CR2E081 (01/04)



COMMUNITY SOCIAL HELP FOUNDATION

333 SOUTHEAST 2ND AVENUE . DELRAY BEACH, FL 33483
(561) 276-9261 . FAX: (561) 276-9476 . E-mail: sbaleimo@stis.net

Simon Bazelaïs
Executive Director

Magalie Sanon
Director

Aliciane Bazelaïs
Director

Eddie Bazelaïs
Director

Magloire Romeus
Director

06/08/2004

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

To whom it may concern:

The purpose of this letter is to certify that I did not receive any notice of reinstatement for the 2003 article of incorporation from the Department of State. Therefore I am asking for waiver of the fee please.

Sincerely,

Simon Bazelaïs
Executive Director