

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR -4 AM 8:00

DOCUMENT # N02000007301

1. Corporation Name

GOOD SAMARITANS CLUB INC.

Principal Place of Business

Mailing Address

5087 ELMHURST RD
W PALM BEACH FL 33417

5087 ELMHURST RD
W PALM BEACH FL 33417

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

2. New Principal Office Address, If Applicable

3915 N. HAVERHILL RD.

Suite, Apt. #, etc.

Suite 122-123

City & State

W. PALM BEACH, FL.

Zip

33417

Country

U.S.A

3. New Mailing Office Address, If Applicable

3915 N. HAVERHILL RD.

Suite, Apt. #, etc.

Suite 122-123

City & State

W. Palm Beach, FL.

Zip

33417

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

09/24/2002

5. FEI Number

13-4213415

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President	YVON JOSEPH	6183 Arcade Court	LANTANA, FL. 33463
Vice President	KENOL ARIS	1453 SW 119th Ave	Pembroke, Pines FL. 33025
Secretary	CHRISTELLA ALEXANDRE	998 SW CASCANEDA	PORT ST LUCIE, FL. 34953
Treasurer	GARY MOISE	2013 SW 67th Ter.	MIRAMAR, FL. 33023
Member	SAINVIL SYLVIE	314 SW 2nd Ave.	BOYNTON Bch, FL. 33435
Member	JANVIER JEAN ANDRE	1340 N.E 144th ST	MIAMI, FL. 33161

8. Name and Address of Current Registered Agent

NERETTE, FRANTZ
5087 ELMHURST RD
W PALM BEACH FL 33417

9. Name and Address of New Registered Agent

Name

ROOLDY ALEXANDRE

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

6232 FOREST HILL Blvd 1

Suite, Apt. #, Etc.

APT 108

City

W. Palm Beach

State

FL

Zip Code

33415

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 02/18/04

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:

Christella Alexandre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/18/04 (72) 3401242

Date

Daytime Phone #

CR2ED40 (7/03)