

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000006685

1. Corporation Name

C.M.D.N.O. INC. COMITE MISSIONNAIRE POUR LE DEVELOPPEMENT DU NORD OUEST D'HAITI

2. Principal Office Address - No P.O. Box #

1361 NW 54TH TERRACE

Suite, Apt. #, etc.

HOUSE

City & State

LAUDERHILL, FL

Zip

33313

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

☐ 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

PINHEIRO PENELOPE & JEAN LOUIS ISAIE

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

4009 LAKESIDE DRIVE

Suite, Apt. #, Etc.

City

TAMARAC

State

FL

Zip Code

33319

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Isaie Jean-Louis

Date 03/28/2010

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
PRESIDENT	JEAN-LOUIS ISAIE	1361 NW 54TH TER	LAUDERHILL, FL 33313
SECRETARY	PINHEIRO PENELOPE	4009 LAKESIDE DRIVE	TAMARAC, FL 33319
DIRECTOR	JEAN-LOUIS MAXIA	1361 NW 54TH TER	LAUDERHILL, FL 33313
TREASURER	SELANES LOUIS	3720 NYACK LANE	LAKE WORTH FL 33463

10. E-mail Address: ISAIE_JEANLOUIS@YAHOO.COM OR PINHEIRO0222@YAHOO.COM

(To be used for future annual report notification)

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. I further certify, 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:

Isaie Jean-Louis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/2110

8547092852 OR 8542054248

Date

Daytime Phone #

FILED
10 APR -9 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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