

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000008558

1. Entity Name
NID DES PETITS BILINGUAL SCHOOL, INC.



FILED

06 AUG 25 PM 4: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5680 FLAGLER STREET
HOLLYWOOD, FL 33023

Mailing Address
5680 FLAGLER STREET
HOLLYWOOD, FL 33023

2. Principal Place of Business
17900 NW 19th Street

Mailing Address
17900 NW 19th Street

Suite, Apt. #, etc.
Pembroke Pines

Suite, Apt. #, etc.
Pembroke Pines

City & State

City & State

Zip
33029

Country
U.S.

Zip
33029

Country
u.s.

08232006

REIN-NP

CR2E099

11/05/05-06

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOUGUILLON, CARLINE
5680 FLAGLER STREET
HOLLYWOOD, FL 33023

7. Name and Address of New Registered Agent

Name
J.C. Cantave, Inc.

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

1970 NW 180th Street

City
Miami Gardens

FL Zip Code
33056

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

[Signature]

Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-23-2006

DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MERCERON, LINDA	
STREET ADDRESS	17900 NW 19TH STREET	
CITY-ST-ZIP	PEMBROKE PINES, FL 33021	
TITLE	CO	<input checked="" type="checkbox"/> Delete
NAME	BOUGUILLON, CARLINE	
STREET ADDRESS	5680 FLAGLER STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE	S	<input type="checkbox"/> Delete
NAME	DELPECHE, GIOVANNI	
STREET ADDRESS	3805 E WOODSCAPE DR	
CITY-ST-ZIP	MIRAMAR, FL 33023	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SIMEON, FRITZ	
STREET ADDRESS	1119 NE 2ND AVE	
CITY-ST-ZIP	MIAMI, FL 33161	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Merceron, Linda	
STREET ADDRESS	17900 NW 19th Street	
CITY-ST-ZIP	Pembroke Pines FL 33029	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert, Maryse	
STREET ADDRESS	445 NE 76th Street	
CITY-ST-ZIP	Miami Florida 33138	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Simeon, Fritz	
STREET ADDRESS	P.O. Box 5138	
CITY-ST-ZIP	West Hollywood FL 33083	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

[Signature]

Linda MERCERON

8-23-2006

954-652-8056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #