

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000002564

1. Corporation Name

Eden Creative Arts University, Inc.

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

5335 NW 10th Court

Suite, Apt. #, etc.

110

City & State

Plantation, FL

Zip

33313

Country

USA

3. Mailing Office Address

5335 NW 10th Court

Suite, Apt. #, etc.

110

City & State

Plantation, FL

Zip

33313

Country

USA

7. Name and Address of Current Registered Agent

Name

Desroches, Yves

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

5335 NW 10th Court

Suite, Apt. #, Etc.

110

City

Plantation,

State

FL

Zip Code

33313

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

REGISTERED AGENT MUST SIGN

Date

2/24/09

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
P	Solange Francois	5335 NW 10th Court Suite 110	Plantation, FL 33313
V	Yazmine McInnis	3174 NW 41st Street	Lauderdale Lakes, FL 33309
S	Sonia Louissaint	198 Brooklyn Avenue	Westbury, NY 11590
S	Philomene Carenard	18620 NE 17th Court	N. Miami Beach, FL 33179

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 contained in Chapter 119, 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

Date

2/24/09

Daytime Phone #

FILED

09 MAR 17 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 06-09

4. Date Incorporated or Qualified

To Do Business in Florida 3/14/2005

5. FEI Number

76-0775143

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.