

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 MAR 10 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800145449798  
03/10/09--01026--020 \*\*8.75

800145449798  
03/10/09--01026--021 \*\*358.75

DOCUMENT # **N05000006571**

1. Corporation Name

**Brotherhood Southern Foundation**

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

**1089 SE 13th Ter**  
Suite, Apt. #, etc.

3. Mailing Office Address

**P.O. BOX 1446**  
Suite, Apt. #, etc.

City & State

**HOMESTEAD FL.**

City & State

**RONKONKOMA, NY**

Zip **33035** Country **USA**

Zip **11779** Country **Suffolk**

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida

**01-09**

5. FEI Number

**56-2525417**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 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.

7. Name and Address of Current Registered Agent

Name **Philip S. Carisier**

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

**1089 SE 13th Ter**

Suite, Apt. #, Etc.

City **HOMESTEAD**

State **FL**

Zip Code **33035**

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

*Philip S. Carisier*

REGISTERED AGENT MUST SIGN

Date **03/10/09**

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
VP	Deborah Lagnez	60 Hawthorne Ave	RONKONKOMA NY 11779
D	Raymond Victor	582 Highway 27	BAINBRIDGE CA 98177
D	MAXO MARCELIN	2639 Newton Ave.	BAINBRIDGE CA 98177
D	Madia Carisier	601 Lake Dr.	BAINBRIDGE CA 98177
D	SARA CARISIER	601 Lake Dr.	BAINBRIDGE CA 98177
D	Reared. Bennett	1089 SE 13th Ter	HOMESTEAD FL 33035

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:

*Philip S. Carisier*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/09

Date

Daytime Phone #

850-445-1339

Phillip S Cerisier - President

P.O. Box 1446  
Rochester, NY  
11779