

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N07000007561**

1. Corporation Name

**Hands For Carrefour Inc.**

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

**1140 NE 163rd Street**

Suite, Apt #, etc

**Suite 23**

City & State

**North Miami Beach, FL**

Zip

**33162**

Country

**USA**

3. Mailing Office Address

**1140 NE 163rd Street**

Suite, Apt. #, etc.

**Suite 23**

City & State

**North Miami Beach, FL**

Zip

**33162**

Country

**USA**

4. Date Incorporated or Qualified

To Do Business in Florida **08-01-2007**

5. FEI Number

**68-0655120**

☒ 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

**Ruth Estriplet**

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

**479 NE 210 Circle Terrace #103**

Suite, Apt #, Etc

City

**Miami**

State

**FL**

Zip Code

**33179**

☒ 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

*Ruth Estriplet*

REGISTERED AGENT MUST SIGN

Date **Feb 04th 2010**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles    | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip                 |
|-----------|--------------------------------------|---|------------------------------------|
| President | <b>Herold Voyard</b>                 | <b>1904 North 36th Ave</b>                        | <b>Hollywood, FL 33021</b>         |
| Vice-Pres | <b>Donard St Jean</b>                | <b>15811 NE 15th Ave</b>                          | <b>North Miami Beach, FL 33162</b> |
| Secretary | <b>Ruth Estriplet</b>                | <b>479 NE 210 Circle Terrace #103</b>             | <b>Miami, FL 33179</b>             |
|           |                                      |   |                                    |
|           |                                      |   |                                    |
|           |                                      |   |                                    |
|           |                                      |   |                                    |
|           |                                      |   |                                    |

**M. MILLIGAN  
EXAMINER**

**FEB -9 2010**

10. E-mail Address: **h4carrefour@hotmail.com / h4carrefour@hotmail.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:

*Ruth Estriplet*

**Ruth Estriplet**

**02/04/2010 7864448332**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #