

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 JAN 25 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N38657**

**1. Corporation Name**

**HOSPITAL FOR THE NEEDY AND HOMELESS PERSONS, INC.**

**2. Principal Office Address**

**11629 NW 7 AVE**

Suite, Apt. #, etc.

City & State

**MIAMI, FLORIDA**

Zip

**33168**

Country

**U.S.A.**

**3. Mailing Office Address**

**11629 NW 7 AVE**

Suite, Apt. #, etc.

City & State

**MIAMI, FLORIDA**

Zip

**33168**

Country

**U.S.A.**

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

**JUNE 15, 1990**

**5. FEI Number**

**65-0203195**

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

**YOLETTE ANTOINE**

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

**1305 NW 203 ST**

Suite, Apt. #, Etc.

City

**MIAMI, FLORIDA**

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-02/07/01--01094--012  
\*\*\*245.00 \*\*\*245.00

**REINSTATEMENT**

State Zip Code  
FL 33168

0178

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**1-12-01**

**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
PRES.	ROBERT E. CHAPIESKY	1305 NW 203 ST	MIAMI, FLORIDA 33168
V-P	JEANNETTE ANTOINE /DIRECTOR	3537 SW 175th AVE	MIRAMAR, FLORIDA 33029
SEC.	LISNA ANTOINE-CHAPIESKY /DIR	1305 NW 203 ST	MIAMI, FLORIDA 33168
TREAS.	ARNOLD JEAN / DIR	690 NE 133 ST APT. 16A	MIAMI, FLORIDA 33161

**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 under section 119.07(3)(i), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert E. Chapiessky**  
Date **1-12-01** Daytime Phone # **685-9662**

CR2E081 (9/00)