

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 43733

W98-9408

1. Corporation Name

THE RALLIEMENT OF JEAN RABELIANS
AND THEIR FRIENDS, INC.

Principal Place of Business

Mailing Address

MIAMI, FLORIDA

1154 OPA LOCKA BLVD
MIAMI, FLORIDA
33168

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

375 N.W. 188 STREET
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. BOX 693924
Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33169

Country

USA

Zip

33269

Country

USA

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	RAMONDE RICHARDSON	1900 SW 44TH AVE #1	PLANTATION, FL 33317
V	ELIFRANCE DUCLOS	16810 NE 6th CT	NMB, FL 33162
T/D	ANGELIQUE S. LOUIS	3611 SW 39th AVE	HALLANDALE, FL 33023
S/M	HENRI L. MARCELUS	375 NW 188 STREET	MIAMI, FL 33169
D	MARIE JOSE RICHARDSON	1781 NE 158 STREET	NMB, FL 33162
D	DAVID ARMAS	1051 NE 204 LANE	MIAMI, FL 33179

8. Name and Address of Current Registered Agent

FEDAA LUCAS
1154 OPA LOCKA BLVD.
MIAMI, FL 33168

9. Name and Address of New Registered Agent

Name
RAMONDE RICHARDSON
Street Address (P.O. Box Number is Not Acceptable)
1900 SW 44TH AVE
Suite, Apt. #, Etc.
APT # 1
City
PLANTATION
State
FL
Zip Code
33317

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/24/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

RAMONDE RICHARDSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/98

Date

Daytime Phone #

FILED

98 JUL -2 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700002583107--7
-07/08/98--01068--005
****437.50 ****437.50

700002583107--98
-07/08/98--01068--006
****175.00 ****175.00

06-03-91

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR20040 (1/98)