

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

08 FEB 27 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N44335**

1. Corporation Name

Hospital Jesus is The Rock  
and Development Center, Inc.

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

14829 NW 7th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

Country

33150 DaDe

City & State

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0291910

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Denise Petit-Frere

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

15781 NE 14 CT

Suite, Apt. #, Etc.

House

City

north Miami Beach

State

FL

Zip Code

33162

☒ 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

Denise Petit-Frere

REGISTERED AGENT MUST SIGN

Date 2/29/08

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        |
|--------|--------------------------------------|---|---------------------------|
| DPS    | Mimose Cherenfant                    | 4103 NW 78 way                                    | Coral Springs FL 33065    |
| DT     | Myrlene Horny                        | 445 NE 113 street                                 | Miami FL 33161            |
| DV     | Luscar Suzanne                       | 5160 SW 40th Ave #280                             | Fort Lauderdale, FL 33314 |
| DV     | Arnold Cherenfant                    | 4103 NW 78 way                                    | Coral Springs FL 33065    |
| DV     | Danny Maurice                        | 5081 SW 1st Ave                                   | MIRAMAR FL 33027          |

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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-796-2169

Daytime Phone #