

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 16 AM 11:50

DOCUMENT # N92000000881

1. Corporation Name

CLUB ENTENTE, INC.

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

%ERNEST BUISSERETH

Suite, Apt. #, etc.

9010 JOHNSON ST

City & State

PEMBROKE PINES, FL

Zip

33024

Country

3. Mailing Office Address

%ERNEST BUISSERETH

Suite, Apt. #, etc.

9010 JOHNSON ST

City & State

PEMBROKE PINES, FL

Zip

33024

Country

600123765826
04/16/08--01019--014 **61.25

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/1992

5. FEI Number
65-0389999

☐ 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

ERNEST BUISSERETH

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

9010 JOHNSON ST

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33024

☐ 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

REGISTERED AGENT MUST SIGN

Date 04/24/08

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
PD	DUCARMEL BAROSY	1121 NE 200 TERRACE	MIAMI, FL 33179
VP	RENEE MARCEL	900 SW 142TH AVE # 403	PEMBROKE PINES, FL 33027
SD	SEYMOUR PHILLIPPE	8210 FLORIDA DR # 213	PEMBROKE PINES, FL 33025
TD	GOLDY SAINTILIE	5233 SW 118TH AVE	COOPER CITY, FL 33330

B 4/17/08

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/08

Date

Daytime Phone #