

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

02 OCT -2 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000006167

1. Corporation Name

Roots & Culture Foundation, Inc.

600008182496--7

-10/03/02--01021--024

****542.50 ****542.50

2. Principal Office Address

4141 North Miami Avenue

3. Mailing Office Address

4141 North Miami Avenue

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33127

Country

Zip

33127

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/1994

5. FEI Number

650542949

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 97-02

7. Name and Address of Current Registered Agent

Name

Stanley Alexis

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

4141 North Miami Avenue

Suite, Apt. #, Etc.

300

City

Miami

State
FL

Zip Code

33127

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 **September 25, 2002**

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	Stanley Alexis	9716 SW 147 Court	Miami, FL 33196
VD	Ron Laurent	84 Calebs Path	Brentwood, NY
SD	Reginald Gousse	13727 SW 152 Street, Apt. 302	Miami, FL 33177
D	Patrick Desroches	12118 SW 110 Street Circle	Miami, FL 33177

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:

STANLEY ALEXIS

9/25/2002

305-576-1737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)