

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 NOV 19 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N9500003401

1. Corporation Name

The Center for Multicultural Wellness and Prevention, Inc.

**REINSTATEMENT** 03

2. Principal Office Address

1814 W. Colonial Drive

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32804

Country

USA

3. Mailing Office Address

Same as in block 2

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

July 1995

5. FEI Number

59-3368679

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

Marie Jose Francois

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

2542 Fletch Court

Suite, Apt. #, Etc.

City

Lake Mary

State

FL

Zip Code

32746

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

*Marie Jose Francois*

REGISTERED AGENT MUST SIGN

Date 11/17/03

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
D	karen Wint	2706 Woodbridge Lane	Orlando, Florida 32808
D	Gabriela Ramirez	496 S. Delaney Suite 408	Orlando, Florida 32801
D	Pastor Antoine Fils-Aime	2201 Kingsland Ave	Orlando, Florida 32808
D	Myrlene Brignole	5459 Peaco Place	Winter Park, Florida 32792
D	Luckner Milien	815 S. Park A ve	Apopka Florida 32703

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:

*Myrlene Brignole*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/17/03

Daytime Phone #

407-648-9440

CRZE081 (10/02)

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