

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000004402

1. Corporation Name

FILED

13 DEC 26 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FILING CANCELLED
RETURNED CHECK**

CR2E081 (11/10)

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

3. Mailing Office Address

14815 NW 11th Ave
Suite, Apt. #, etc.

14815 NW 11th Ave
Suite, Apt. #, etc.

City & State

City & State

Miami, FL 33168

Miami, FL

Zip Country
33168 US

Zip Country
33168 US

4. Date Incorporated or Qualified
To Do Business in Florida

10-03-1998

5. FEI Number

65-0854355

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

Camille Meritus

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

14815 NW 11th Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33168

100255021791
12/26/13--01028--015 **236.98

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

Date

REGISTERED AGENT MUST SIGN

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
C	Camille Meritus	14815 NW 11 th Ave	Miami, FL 33168
Bm	Les Winston	11975 W. Dixie Hwy	Miami, FL 33161
T	Marie Jose Pierre	12775 NW 1 st Ave	North Miami, FL 33168
BM	Alan Rifkin	20105 NE 3 rd Ct	Miami, FL 33179
VC	Huggins Venerin	1822 NW 152 Terr	Miami, Cardenas, FL 33257

REINSTATEMENT

DEC 26 2013

R. HUNT

10. E-mail Address: meritusfoundation@yahoo.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #