

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REMOVED
AND
FILED

OCT 18 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000004529

1. Corporation Name

MINORITY GROUP DEVELOPMENT, INC

WD4-37212

2. Principal Office Address

10822 NW 7 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

10822 NW 7 AVE

Suite, Apt. #, etc.

City & State

Miami, FLA

City & State

Miami, FLA

Zip

33168

Country

U.S.A.
MIAMI-DADE

Zip

33168

Country

U.S.A.

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

8/6/98

5. FEI Number

65-0919362

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

CARMELAU MONESTIME

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

334 NW 110 ST

Suite, Apt. #, Etc.

MIAMI

City

MIAMI

300041674633

10/07/04--01060--001 **245.00

State

FL

Zip Code

33168

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

See below

300041674633

10/18/04--01095--009 **61.25

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
PRES	CARMELAU MONESTIME	10822 NW 7 AVE, MIA, FLORIDA	33168
VP	MARGARETTE CLORY	305 NW 138 ST	MIAMI, FL 33168
SEC.	JEAN-LOUIS, STANDLEY	305 NW 138 ST	MIAMI, FL 33168

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:

Carmelau Monestime

CARMELAU MONESTIME 10/5/04

305-754-7159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)