

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 APR 26 AM 11:39

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000004529

1. Corporation Name

MINORITY YOUTH HEALTH AND SOCIAL DEVELOPMENT, INC.

500103287275  
05/25/07--01020--019 \*\*183.75

**REINSTATEMENT** 05-07  
CR2E081 (1/07)

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

10822 NW 7TH AVENUE

3. Mailing Office Address

SAME AS ABOVE

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

MIAMI

City & State

MIAMI

Zip

33168

Country

USA

Zip

33168

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/17/2005

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

MARGARETTE CHERY

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

10822 NW 7TH AVENUE

Suite, Apt. #, Etc.

N/A

City

MIAMI

State

FL

Zip Code

33168

☒ 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

*M. Chery*

Date 03/21/2007

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
PR	MARGARETTE CHERY	10822 NW 7TH AVENUE	MIAMI, FLORIDA 33168
VP	NADINE LOUISSAINT	15759 NW 11TH STREET	PEMBROKE PNE, FL 33028
SEC	CHRISTIAN MICHEL	12615 NORTH MIAMI AVENUE	NORTH MIAMI, FL 33168
TREA	MARIE LECONTE	132 NE 161TH STREET	MIAMI, FLORIDA 33162
ASST TREA	EDNA CHARITE	321 NE 174 STREET	NORTH MIAMI BEACH, FL 33162
ASST SEC	ADELINE MAZARIN	8911 AZALEA CIRCLE	MIRAMAR, FL 33025

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

03/21/2007

Date

786-285-9310

Daytime Phone #