

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 AUG 27 PM 12: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *A19800000 45 29*

1. Corporation Name

MINORITY YOUTH HEALTH AND SOCIAL DEVELOPMENT, INC.

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

10822 NW 7 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33168

Country

LISA

3. Mailing Office Address

10822 NW 7 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33168

Country

LISA

REINSTATEMENT *08-09*
8/27
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

08/06/98

5. FEI Number

65-091362

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

VIOLETTE DURAND

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

13327 SW 46 LANE

Suite, Apt. #, Etc.

City

MIAMI, FL 33175

State

FL

Zip Code

33175

☒ 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.

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08/27/09-01009-006 #122 50

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

Violette Durand

Date

8/22/09

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
<i>PR</i>	<i>VIOLETTE P. DURAND</i>	<i>10822 NW 7 AVE</i>	<i>MIAMI, FL 33168</i>
<i>FIRST VP</i>	<i>DANIELLE ROMER</i>	<i>8901 SW 200 ST</i>	<i>CUTLER BAY, FL 33157</i>
<i>2ND VP</i>	<i>GABRIEL GUILLAUME</i>	<i>15921 SW 100 COURT</i>	<i>MIAMI, FL 33157</i>
<i>TR</i>	<i>NOLKA LEREBOURS</i>	<i>14481 SW 161 ST</i>	<i>MIAMI, FL 331</i>
<i>SEC</i>	<i>JOSETTE DADAILLE</i>	<i>11424 SW 132 PL #3</i>	<i>MIAMI, FL 33186</i>
<i>ASST TR</i>	<i>CARMELAU MONESTIME</i>	<i>334 NW 110 ST</i>	<i>MIAMI, FL 33168</i>

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:

Violette Durand
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/22/09

Daytime Phone #

305-338-1536