

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 14 PM 3:12

DOCUMENT # N 98000005667

1. Corporation Name **CAMILLE & SULETTE MERILUS
FOUNDATION FOR HAITI DEVELOP-
MENT INC. {SOCIÉTÉ} W02-671
V00-811**

800005134408--5
-03/19/02--01049--015
****175.00 ****175.00

2. Principal Office Address

14815 N.W. 11th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

14815 NW 11th Ave

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33168 USA

City & State

Miami FL

Zip

33168 USA

REINSTATEMENT 00-02

4. Date Incorporated or Qualified
To Do Business in Florida

10-02-98

5. FEI Number

65-0866425

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 MERILUS

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

14815 NW 11th Ave

Suite, Apt. #, Etc.

City

Miami

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **3-4-02**

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
Treasurer	Violet Cadet	14781 NW South River Dr	M. FL, 33168
Vice Chair	Gasner Anilus	11626 NE 2nd Ave	M FL, 33161
Secretary	Sabrina Merilus	14815 NW 11th Ave	M. FL, 33168
ASS Treas	Roberta Marseille	14120 NE 16th Ct	M-FL, 33161
DP	Camille Merilus	14815 NW 11th Ave	Miami FL 33168
DC	Sulette Merilus	14815 NW 11th Ave	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-4-02

Daytime Phone #

CR2E081 (9/99)