

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N 98000005667

1. Corporation Name CAMille & Sulette Merilus  
Foundation for Haiti Development INC. {Sovejé} W02-6971  
NW00-81

2. Principal Office Address

14815 N. W 11<sup>th</sup> Ave

Suite, Apt. #, etc.

3. Mailing Office Address

14815 NW 11<sup>th</sup> Ave

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33168 USA

City & State

Miami FL

Zip

33168 USA

7. Name and Address of Current Registered Agent

Name

Camille Merilus

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

14815 NW 11<sup>th</sup> Ave

Suite, Apt. #, Etc.

City

Miami

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

800005134408-5

-03/19/02--01049--016

\*\*\*\*192.50 \*\*\*\*192.50

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

Date 3-4-02

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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	1481-NW-South River Dr	M.FL, 33168
Vice Chair	GASNER ANILUS	11626 NE 2 <sup>nd</sup> Ave	M.FL, 33161
Secretary	Sabrina Merilus	14815 NW 11 <sup>th</sup> Ave	M.FL, 33168
Ass. Trea	Roberta Marseille	14120 NE 16 <sup>th</sup> Ct	M.FL, 33161
DP	Camille Merilus	14815 NW 11 <sup>th</sup> Ave	Miami, FL 33168
DC	Sulette Merilus	14815 NW 11 <sup>th</sup> 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

Daytime Phone #

3-4-02