

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 SEP 10 PM 11:01

DOCUMENT # N98000005667

1. Corporation Name

Camille & Sulette Merilus
Foundation For Haiti Development
INC

200007828112--6
-09/18/02--01034--015
****358.75 ****358.75

2. Principal Office Address

970 SW 1st Street

(Suite) Apt. #, etc.

307

City & State

Miami FL

Zip

33130

Country

Dade

3. Mailing Office Address

970 SW 1st Street

(Suite) Apt. #, etc.

307

City & State

Miami FL

Zip

33130

Country

Dade

REINSTATEMENT

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

REGISTERED AGENT MUST SIGN

Date

9-03-02

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	Miami FL, 33168
Vice President	Gasner Anilus	11626 NE 2nd Ave	Miami FL, 33161
Secretary	Sabrina Merilus	14815 NW 11th Ave	Miami FL, 33168
Assistant Treasurer	Roberta Marseille	14120 NE 16th Ct	Miami FL, 33161

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

9-03-02

Date

305-547-1164

Daytime Phone #

CR2E081 (9/01)