

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N98000005667**

1. Corporation Name

**CAMILLE & SULETTE MERILUS FOUNDATION FOR HAITI DEVELOPMENT, INC.**

Principal Place of Business

Mailing Address

970 SW 1ST STREET  
SUITE 307  
MIAMI FL 33130

970 SW 1ST STREET  
SUITE 307  
MIAMI FL 33130

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

*Camille & Sulette Merilus*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*970 SW 1st Street, Suite 307*

City & State

City & State

*Miami FL*

Zip

Country

Zip

Country

*33130*

*Da*

*Da*

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DT	CADET, VIOLET	14781 NW SOUT RIVER DR	MIAMI FL 33168
DVC	ANILUS, GASNER	11626 NE 2ND AVE	MIAMI FL 33168
DS	MERILUS, SABRINA	14815 NW 11TH AVE	MIAMI FL 33168
DAT	MERSEILLE, ROBERTA	14120 NE 16TH CT	MIAMI FL 33161
			600038172556 06/23/04--01003--005 **297.50
			600038172556 06/23/04--01003--006 **8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MERILUS, CAMILLE  
14815 NW 11TH AVE  
MIAMI FL 33168

Name

*Camille Merilus*

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

*970 S.W. 1st Street*

Suite, Apt. #, Etc.

*Suite 307*

City

*Miami*

State

*FL*

Zip Code

*33130*

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*SIGNATURE*

Date

*3-11-04*

REGISTERED AGENT MUST SIGN

11. 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:

*Camille Merilus*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*3-11-04*

Daytime Phone #

FILED

04 JUN 23 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

*03-04*

4. Date Incorporated or Qualified  
To Do Business in Florida

10/02/1998

5. FEI Number

65-0866425

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required  
for a Certificate of Status

Ch. 6040 (7/03)