

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 20 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005667

1. Corporation Name

Camille and Sulette Merilus Foundation for Haiti Develop-
ment Inc.

2. Principal Office Address

970 SW 1st Street,
Suite, Apt. #, etc.
307

City & State

Miami Florida, 33130

Zip

Country

Dade

3. Mailing Office Address

970 SW 1st Street
Suite, Apt. #, etc.
307

City & State

Miami Fl,

Zip

Country

33130

Dade

**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 Florida

State

FL

Zip Code

33130

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 12-04-04

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
Treasur	Violet Cadet	14781 NW South River Dr.	Miami Florida, 33168
Vice_C	Gesner Anilus	11626 NE 2nd Ave	Miami-Florida, 33161
Secret	Sabrina Merilus	14815 NW 11th Ave	Miami Florida, 33168
Assist Treas	Roberta Marseille	14120 NE 16th Ct	Miami Florida, 33161

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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

12-04-04

Date

305-325-4242

Daytime Phone #

CR2E081 (01/04)