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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

100060365441
10/07/05--01057--007 **61.25

DOCUMENT # N98000005667

1. Corporation Name
Camille and Sulette Merilus Foundation FOR HAITI DEVELOPMENT, INC.

2. Principal Office Address	3. Mailing Office Address
970 SW 1st Street.	970 SW 1st Street.
Suite, Apt. #, etc. suite 307	Suite, Apt. #, etc. suite 307
City & State Miami Florida, 33130	City & State Miami Florida, 33130
Zip 33130 Country Dade	Zip 33130 Country 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 ☒ $30.00 Additional Fee Required for Certified Copies

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: 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 10-13-05

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Vice C	Gesner Anilus	11626 NE 2nd Ave	Miami Florida, 33161
Treasu	Violette Cadet	14781 South river Dr.	Miami Florida, 33168
Assist	Roberta Marseille	14120 NE 16th ct	Miami Florida, 33161
Secret	Sabrina Merilus	14815 NW 11th Ave	Miami Florida, 33168
Treasu	Elsie Jean Pierre	14225 NE 9th Ave	Miami Florida, 33161

10. I certify that I am an officer or director of the reviver 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] ELSIE JEAN-PIERRE 10-13-05 (305-324-4242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/13
ICP

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05 OCT 13 PM 4:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Friday September 30th, 2005

Dear Department of State Officials :

We did not receive notice to file the 2005 Final Report , please waive the reinstatement fee .

Camille Meirlus
President / Executive Director