

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000005667

1. Corporation Name

Camille and Sulette Merilus Foundation for Haiti Development Inc.

2. Principal Office Address- No P.O. Box #

14815 NW11th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

14815 NW 11th Ave

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami Florida

Zip

Country

33168

USA

Zip

Country

33168

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10-02-1998

5. FEI Number

760803306

☐ 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

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.

Signature of  
Registered Agent

Date 11-04-2009

REGISTERED AGENT MUST SIGN

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
Tr	Marie Jose Pierre	12795 NW 1st Ave	Miami Florida 33161
V-C	Elsie Jean-Pierre	14225 NE 9th Ave	Miami Florida 33161
Sec	Sabrina Merilus	1451 NE 169 St	Miami Florida 33162
Mem	Huggins Venerin	1920 NW 152 Tr	Miami Florida 33054
Chair	Camille Merilus	14815 NW 11th Ave	Miami Florida 33168

10. E-mail Address: merilusfoundation@gmail.com

(To be used for future annual report notifications)

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11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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

11-04-09 12:40PM

Date Daytime Phone#

FILED

09 NOV -5 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 09

CR2E081 (10/09)