

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 DEC 13 AM 11:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N98000005467

1. Corporation Name

Camille and Sulek Merilus Foundation for Haiti Development, Inc

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

14815 NW 11 Ave

3. Mailing Office Address

P.O. Box 381615

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

Country

33168

United States

Zip

Country

33138

USA

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10-02-1998

5. FEI Number

76-0803306

☐ 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 11 Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33168

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REINSTATEMENT 2010

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 X

Date 12-10-10

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
C	Camille Merilus	14815 NW 11 th ave	Miami FL, 33168
VC	Elsie Jn Pierre	14225 NE 9 th ave	Miami FL 33161
S	Sabrina Merilus	1451 NE 169 St Apt 103	Miami FL, 33162
M	HUGGINS Venerin	1920 NW 152 ter	Opa Locka FL, 33054
TR	Marie Josée Pierre	12795 NW 1 st ave	Miami FL, 33161

10. E-mail Address:

(To be used for future annual report notification)

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. 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

12-10-10

Date

Daytime Phone #