

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -6 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48000005710

1. Corporation Name

UNITED FREE MASONS OF THE
WORLD INC.

2. Principal Office Address

1100 N.E. 125 STREET

Suite, Apt. #, etc.

#105

City & State

MIAMI, FLA.

Zip

33167

Country

U.S.A.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

500018306575

05/06/03--01106--018 **367.50

REINSTATEMENT 01-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/02/98

5. FEI Number

65-08-69065

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$875: Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DALES DOCTEUR

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

8025 NW 198 TERR

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33015

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4-28-03

(305) 829-7086

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
PA.	ANTOINE C. ALCINDOR	12730 N.W. 18 COURT	MIAMI, FLA. 33167
V.P.	AROLD J. MICHEL	737 N.E. 127 STREET	MIAMI, FLA. 33161
TAE.	JEAN CLAUDE JEAN BAPTISTE	6304 N.W. 1 ST PLACE	MIAMI FLA. 33150
SEC.	VILLY PETIT-FRERE	22435 S.W. 61 WAY #B126	BOCA RATON FL. 33428
D.	THOMAS JOSEPH	1190 NW 124 STREET	N. MIAMI FL. 33168
D.	HAROLD VIELOT	2110 N.W. 192 TERR.	MIAMI, FL. 33056

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:

Antoine C. Alcindor / ANTOINE C. ALCINDOR

Date

4/27/04

Daytime Phone #

786-356-4646

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
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DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date

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
D	Paul Pierre	631 N.W. 110 Street	MIAMI, FLA. 33168
D	SERGE JARBATH	13800 N.E. 12 Ave Apt 1208	Mia Fl. 33161
D	LEGUY BALTHAZAR	329 N.E. 118 Street	MIAMI, FLA. 33161
D	JOSEPH BRETOU	730 N.E. 140 Street	MIAMI, FLA. 33161
D	ANDRE LEONARD	905 N.W. 126 Street	MIAMI, FLA. 33168
D	HARRY LAMARRE	1110 S.W. 200 Street	MIAMI, FLA. 33157

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)(l), 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:

Antoine C. Alcinaor / ANTOINE C. ALCINAOR 4/27/04 305-688-6419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)