PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

[redacted] FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 Jul

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUL -5 PM 12:05

DOCUMENT # N99000002480

1. Corporation Name

Cultural Enlightenment Association of IFE, Corp

2. Principal Office Address	3. Mailing Office Address
12210 Dartmoor Dr	P.O. Box 6511
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wellington FL	City & State: W.PB. FL
Zip: 33414 Country: USA	Zip: 33405 Country: U.S.A

4. Date Incorporated or Qualified To Do Business in Florida: 04-21-99

5. FEI Number: 65-09 12 601 — 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: Jean E. Saint-Eloi

100004477107--0
-07/13/01--01022-005
****122.50 ****22.50

Street Address (P.O. Box Number is Not Acceptable): 12210 Dartmoor Dr

Suite, Apt. #, Etc.:

City: Wellington — State: FL — Zip Code: 33414

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: JSE — REGISTERED AGENT MUST SIGN — Date: 06-12-01

CR2E081 (9/00)

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
CHAIR	Jean E. Saint-Eloi D	12210 Dartmoor Dr D	Wellington FL 33414
VICE-CHAIR	Patrick Gaspard D	~~Wellington FL 33414~~ 621 Hampton Rd D	WPB FL 33405
SECRETARY	Lyonel Jean-Baptiste D	1230 Pine Cove Dr D	Wellington FL 33414
TREASURER	Claudel Parisien D	6704 SW 114place #E D	Miami, FL 33173

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: JSE — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 06-12-01 — Daytime Phone #: 954-776-4456