

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 DEC 30 AM 10:42

DOCUMENT # P04000084855

1. Corporation Name

MON COEUR SUZETTE GROUP HOME, INC.

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

151 NE 152 STREET

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33162

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/27/2004

5. FEI Number

65-114133

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

SUZETTE FANOR

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

151 NE 152 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33162

☒ 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 617.0503, F.S.

Signature of

Registered Agent

Suzette Fanor

REGISTERED AGENT MUST SIGN

Date

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
P/D	FANOR, SUZETTE	151 NE 152 STREET	MIAMI, FL 33162
V/D	FANOR, MARCAISSE	151 NE 152 STREET	MIAMI, FL 33162
S/D	FANOR, SANDY	151 NE 152 STREET	MIAMI, FL 33162
T/D	FANOR, DIANE	151 NE 152 STREET	MIAMI, FL 33162

10. E-mail Address: Fanor 6418@yahoo.com

(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:

Suzette Fanor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #