

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT 20 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 06



0202006 REIN-NP CR2E099 (11/05)

4. FEI Number **48-1299071** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DOCUMENT # N02000007490
1. Entity Name
ALLIANCE FRANCOPHONE AIME CESAIRE, INC.



Principal Place of Business
**1721 OLD FORT DIRVE
TALLAHASSEE, FL 32301**

Mailing Address
**PO BOX 10865
TALLAHASSEE, FL 32302-2865**

2. Principal Place of Business Suite, Apt. #, etc.
City & State

3. Mailing Address Suite, Apt. #, etc.
City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
**FRANCOISE, BAUDOIN D'ANJ
1721 OLD FORT DRIVE
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. **Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESSONGO, GABRIEL 415 WEST VIRGINIA STREET TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPACAGNA, ANTOINE 244 CACTUS STREET TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BANDOIN D'AJOUS, FRANCOISE 1721 OLD FORT DRIVE TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MWENENE, MUKWESO P. O. BOX 10443 TALLAHASSEE, FL 32302 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAUDOUIN, JEAN 1515 GREY FOX RUN TALLAHASSEE, FL 32311 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOISION, ANNIE 2731 BLAIRSTONE RD., APT. 17 TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000081154530 10/24/06--01045--008 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mukweso Mwenene* **Mukweso Mwenene** 10.20.2006 850.922.0510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #