

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
Sep 22, 2006  
Secretary of State

DOCUMENT# N03000003391

Entity Name: HYBRID ART CENTRES INC.

**Current Principal Place of Business:**

1 AVE DE LE LIBERTE  
JACMEL, HAITIM W.I.,

**New Principal Place of Business:**

1 AVE DE LE LIBERTE  
JACMEL, HAITIM W.I., FC HT9110

**Current Mailing Address:**

1 AVE DE LE LIBERTE  
JACMEL, HAITIM W.I.,

**New Mailing Address:**

1 AVE DE LE LIBERTE  
JACMEL, HAITIM W.I., FC HT9110

FEI Number: 98-0400733      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

MITCH HELFER, PA  
215 ROMANO AVENUE  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: MITCH HELFER, AGENT

09/22/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BOUCARD, PATRICK N  
Address: 1 AVE DE LE LIBERTE  
City-St-Zip: JACMEL, HAITIM W.I.,

Title: D ( ) Delete  
Name: CROSSRD, KATHERINE T  
Address: 52 COTSWALD ROAD  
City-St-Zip: BATH BA2 2DL, UNITED KINGDOM,

Title: D ( ) Delete  
Name: PERSHING, TIMOTHY  
Address: 29 JACKSON STREET  
City-St-Zip: CAMBRIDGE, MA 02140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BOUCARD, PATRICK N  
Address: 1 AVE DE LE LIBERTE  
City-St-Zip: JACMEL, HAITIM W.I., FC HT9110

Title: D (X) Change ( ) Addition  
Name: CROSSRD, KATHERINE T  
Address: 1 AVE DE LE LIBERTE  
City-St-Zip: JACMEL, HAITIM W.I., FC HT9110

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK BOUCARD

D

09/22/2006

Electronic Signature of Signing Officer or Director

Date