2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000004566

FILED Feb 25, 2009 Secretary of State

Entity Name: ASSOCIATION DES HAITIENS VIVANT A L'ETRANGER POUR LE DEVELOPEMENT, INC.

Current P			
Current Principal Place of Business:		New Principal Place of Business:	
210 SOUT SUITE 3	H DIXIE HIGHWAY		
	RTH, FL 33460		
Current Mailing Address:		New Maili	ing Address:
	H DIXIE HIGHWAY		
SUITE 3 LAKE WOI	RTH, FL 33460		
n accordan	: 64-0961338 FEI Number Applied For() FEI N ce with s. 607.193(2)(b), F.S., the corporation did not receiv Address of Current Registered Agent:	-	
JEAN SIMO 6116 STRA	ON, PAULUCIENNE AWBERRY LAKES CIRCLE RTH, FL 33463 US		, , , , , , , , , , , , , , , , , , ,
	named entity submits this statement for the purpose e of Florida.	e of changing	its registered office or registered agent, or both,
SIGNATUR	RE: PAULUCIENNE JEAN SIMON		
	Electronic Signature of Registered Agent		Date
OFFICERS	S AND DIRECTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTO
Fitle: Name: Address: City-St-Zip:	P () Delete JEAN SIMON, PAULUCIENNE 6116 STRAWBERRY LAKES CIRCLE LAKE WORTH, FL 33463	Title: Name: Address: City-St-Zip:	()Change ()Addition
Fitle: Name: Address: City-St-Zip:	VP () Delete GEFFRARD, YVES REV 210 SOUTH DIXIE HIGHWAY LAKE WORTH, FL 33460	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP () Delete TOUSSAINT, ZACHARIE PASTOR 3201 E. PALM DRIVE BOYNTON BEACH, FL 33435	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition SAINT VAL, MAXERNE 3050 CONGRESS PARK DRIVE #533 LAKE WORTH, FL 33461
	S () Delete	Title:	() Change () Addition
Title: Name: Address: City-St-Zip:	JEROME, KETHLINE 5644 STRAWBERRY LAKES CIRCLE LAKE WORTH, FL 33463	Name: Address: City-St-Zip:	
√ame: Address:	5644 STRAWBERRY LAKES CIRCLE	Address:	S (X) Change () Addition NELSON, ALIX 219 NORTH L STREET LAKE WORTH, FL 33460

I hereby certify that the information supplied with this filing does not qualify 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: PAULUCIENNE JEAN SIMON P 02/25/2009