

**2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Jun 29, 2011  
Secretary of State**

DOCUMENT# N08000006802

**Entity Name:** MISSION EVANGELIQUE HAITIENNE POUR LE DEVELOPMENT AGRICOLE ET SOCIAL, INC.

**Current Principal Place of Business:**

17438 81 LANE N  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

17438 81 LANE N  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

**FEI Number:** 27-2102964      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

NOCENT, JEAN R REV.  
17438 81 LANE N  
LOXAHATCHEE, FL 33470      US

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

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: JEAN NOCENT

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NOCENT, JEAN R REV.  
Address: 17438 81 LANE N  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP  
Name: BENJAMIN, GASPARD  
Address: 108 SW HAWTHORNE CIR  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: S  
Name: JEANBAPTISTE, MARIA  
Address: 735 W KALMIA DR  
City-St-Zip: LAKE PARK, FL 33403

Title: T  
Name: LAURORE, JEAN  
Address: 5901 TRIPHAMMER RD  
City-St-Zip: LAKE WORTH, FL 33463

I hereby 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 all other like empowered.

SIGNATURE: JEAN NOCENT

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

06/29/2011

\_\_\_\_\_  
Date