2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 29, 2005
Secretary of State

DOCUMENT# N98000001827

Entity Name: WYCLEF JEAN FOUNDATION INC.

Current Principal Place of Business:

C/O PNFW, 156 W. 56TH STREET
4TH FLOOR
NEW YORK, NY 10019

New Principal Place of Business:

Current Mailing Address:

C/O PNFW, 156 W. 56TH STRRET
4TH FLOOR
NEW YORK, NY 10019

New Mailing Address:

FEI Number: 65-0823881 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KANEGIS, SETH
100 SOUTH POINTE DRIVE
TOWNHOUSE 8
MIAMI BEACH, FL 33139 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: SETH KANEGIS

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DUPLESSIS, JERRY
Address: 320 WEST46TH ST., 5TH FLOOR
City-St-Zip: NEW YORK, NY 10036

Title: D ( ) Delete
Name: JEAN, WYCLEF
Address: 228 HIGHLAND RD
City-St-Zip: SOUTH ORANGE, NJ 07079

Title: D ( ) Delete
Name: RAWAL, SANJAY
Address: 84-63 162ND STREET
City-St-Zip: BRIARWOOD, NY 11432

Title: D ( ) Delete
Name: KANEGIS, SETH
Address: 100 SOUTH POINTE DRIVE, TH-8
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 Section 119.07(3)(i), 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: SANJAY RAWAL MR. 09/29/2005

Electronic Signature of Signing Officer or Director — Date