2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000002234

Entity Name: HAITIAN HERITAGE MUSEUM CORP.

FILED Nov 15, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1032 NW 103 STREET 600 BRICKELL AVENUE SUITE 300-S MIAMI, FL 33150

MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

1032 NW 103 STREET PO BOX 370809 MIAMI, FL 33150 MIAMI, FL 33131

FEI Number: 41-2131422 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

PIERRE, EVELINE DIRECTO 600 BRIĆKELL AVENUE SUITE 300-S MIAMI, FL 33131 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: EVELINE PIERRE 11/15/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete PIERRE, EVELIN PIERRE, EVELINE Name: Name:

Address: 1032 NW 103 STREET Address: 600 BRICKELL AVENUE SUITE 300-S

City-St-Zip: MIAMI, FL 33150 City-St-Zip: MIAMI, FL 33131

Title: Title: (X) Change () Addition () Delete RODRIQUE, SERGE Name: Name: RODRIQUE, SERGE

Address: 1032 NW 103 STREET Address: 600 BRICKELL AVNUE SUITE 300-S

City-St-Zip: MIAMI, FL 33150 City-St-Zip: MIAMI, FL 33131

Title: (X) Delete Title: () Change () Addition

FILS-AIME, WILBERT Name: Name: Address: 1032 NW 103 STREET Address: City-St-Zip: MIAMI, FL 33150 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: EVELINE PIERRE DIRE 11/15/2005