

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000008357

FILED  
Apr 03, 2008  
Secretary of State

**Entity Name:** INTERNATIONAL HUMANITARIAN CENTER FOR CHILDREN, INC

**Current Principal Place of Business:**

8274 NW 1ST PLACE  
MIAMI, FL 33150

**New Principal Place of Business:**

7424 NE 2ND AVENUE  
SUITE 3  
MIAMI, FL 33138

**Current Mailing Address:**

8274 NW 1ST PLACE  
MIAMI, FL 33150

**New Mailing Address:**

FEI Number: 20-5364725

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PIERRE, ELIE J.  
8274 NW 1ST PLACE  
MIAMI, FL 33150 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: ELIEJEAN PIERRE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PIERRE, ELIE J.  
Address: 8274 NW 1ST PLACE  
City-St-Zip: MIAMI, FL 33150

Title: VD ( ) Delete  
Name: OZIAS, OFFRANE REV.  
Address: 8276 NW 1ST PLACE  
City-St-Zip: MIAMI, FL 33150

Title: SD ( ) Delete  
Name: FRANCOIS, MARIE C.  
Address: 541 NW 110 ST.  
City-St-Zip: MIAMI, FL 33168

Title: SD ( ) Delete  
Name: DUMAINE, RIVEL REV.  
Address: 2750 SOMERSET DR., APT. T104  
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: DT ( ) Delete  
Name: LEXY, OLET  
Address: 8262 NE 1ST AVE.  
City-St-Zip: MIAMI, FL 33138

Title: TD ( ) Delete  
Name: PIERRE, ADILIE F.  
Address: 8275 NW 1ST PLACE  
City-St-Zip: MIAMI, FL 33150

**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:

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 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: ELIE JEAN PIERRE

PD

04/03/2008

Electronic Signature of Signing Officer or Director

Date