

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000006406

FILED  
Jun 18, 2008  
Secretary of State

Entity Name: PROJECT 2000 INTERNATIONAL INC.

## Current Principal Place of Business:

6780 SUNSET STRIP  
SUNRISE, FL 33313

## New Principal Place of Business:

4621 LAKE WORTH ROAD  
GREENACRES, FL 33463

## Current Mailing Address:

6780 SUNSET STRIP  
SUNRISE, FL 33313

## New Mailing Address:

PO BOX 882546  
PORT SAINT LUCIE, FL 34988

FEI Number: 36-3992901      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

FRANCOIS, JACOB  
6780 SUNSET STRIP  
SUNRISE, FL 33313      US

## Name and Address of New Registered Agent:

FRANCOIS, JACOB  
4621 LAKE WORTH ROAD  
GREENACRES, FL 33463      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: MAJOLIE ZEPHIRIN

06/18/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CP      ( ) Delete  
Name: FRANCOIS, JACOB  
Address: 6780 SUNSET STRIP  
City-St-Zip: SUNRISE, FL 33313

Title: VCV      ( ) Delete  
Name: ZEPHIRIN, MAJOLIE  
Address: 6780 SUNSET STRIP  
City-St-Zip: SUNRISE, FL 33313

Title: DT      ( ) Delete  
Name: FRANCOIS, FATON  
Address: 15 RUELL BOISSON ENTREE AVE  
City-St-Zip: POUPLARD, HAITI,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP      (X) Change ( ) Addition  
Name: FRANCOIS, JACOB  
Address: 4621 LAKE WORTH ROAD  
City-St-Zip: GREENACRES, FL 33463

Title: VCV      (X) Change ( ) Addition  
Name: ZEPHIRIN, MAJOLIE  
Address: PO BOX 2252  
City-St-Zip: FORT PIERCE, FL 34954

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: MAJOLIE ZEPHIRIN

PRES

06/18/2008

Electronic Signature of Signing Officer or Director

Date