2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 21, 2009
Secretary of State

DOCUMENT# N98000001827

Entity Name: WYCLEF JEAN FOUNDATION INC.

Current Principal Place of Business:

320 W. 46TH STREET
FIFTH FLOOR
NEW YORK, NY 10036

New Principal Place of Business:

Current Mailing Address:

320 W. 46TH STREET
FIFTH FLOOR
NEW YORK, NY 10036

New Mailing Address:

FEI Number: 65-0823881 **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:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: D.E HOWARTH

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/C ( ) Delete
Name: JEAN, WYCLEF
Address: 320 W. 46TH STREET, 5TH FLOOR
City-St-Zip: NEW YORK, NY 10036

Title: CEOT ( ) Delete
Name: DUPLESSIS, JERRY
Address: 320 W. 46TH STREET, 5TH FLOOR
City-St-Zip: NEW YORK, NY 10036

Title: D ( ) Delete
Name: ELLIS, LISA
Address: 320 W. 46TH STREET, 5TH FLOOR
City-St-Zip: NEW YORK, NY 10036

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D (X) Change ( ) Addition
Name: MASON, DAVID
Address: 131 PURCHASE STREET, G33
City-St-Zip: RYE, NY 10580

Title: D ( ) Change (X) Addition
Name: HYRCK, DAVID
Address: DLA PIPER 1251 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10020

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: JERRY DUPLESSIS CEOT 10/21/2009

Electronic Signature of Signing Officer or Director — Date