Current Prin	ncipal Place of Business:			
ROYAL PALM I	BEACH, FL 33411			
Current Mai	ling Address:			
192 CATAN ROYAL PAL	IA WAY M BEACH, FL 33411 US			
FEI Number: 30-0616116		Certificate of Status Desired: No		
Name and Address of Current Registered Agent:				
LABADY, YVES 192 CATANIA WAY ROYAL PALM BEACH, FL 33411 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	E: YVES LABADY			10/28/2015
SIGNATURE	Electronic Signature of Registered Agent			10/28/2015 Date
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent			
	Electronic Signature of Registered Agent	Title	VP	
Officer/Dire	Electronic Signature of Registered Agent	Title Name	VP LABATTE-DENEAU, GUSTI	
<b>Officer/Dire</b> Title	Electronic Signature of Registered Agent ctor Detail : PRESIDENT			
<b>Officer/Dire</b> Title Name	Electronic Signature of Registered Agent ctor Detail : PRESIDENT VOLTAIRE, LOUISE 2168 ALWORTH TER	Name Address	LABATTE-DENEAU, GUSTI	
<b>Officer/Dire</b> Title Name Address	Electronic Signature of Registered Agent ctor Detail : PRESIDENT VOLTAIRE, LOUISE 2168 ALWORTH TER	Name Address	LABATTE-DENEAU, GUSTI 1632 SW IVY STREET	
<b>Officer/Dire</b> Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : PRESIDENT VOLTAIRE, LOUISE 2168 ALWORTH TER WELLINGTON FL 33414	Name Address	LABATTE-DENEAU, GUSTI 1632 SW IVY STREET	
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : PRESIDENT VOLTAIRE, LOUISE 2168 ALWORTH TER WELLINGTON FL 33414 T	Name Address	LABATTE-DENEAU, GUSTI 1632 SW IVY STREET	

2015 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

Entity Name: HAITIAN AMERICAN NURSING ORGANIZATION & ALLIED OF

DOCUMENT# N1000002761

FLORIDA, INC.

I hereby 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 all other like empowered.

SIGNATURE: YVES LABADY

Electronic Signature of Signing Officer/Director Detail

TREASURER

10/28/2015 Date

## FILED Oct 28, 2015 Secretary of State CR8254003418