

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F04000000256

**FILED**  
**Nov 24, 2013**  
**Secretary of State**

**Entity Name:** HAITIAN-AMERICAN LEADERSHIP COUNCIL, INC.

**Current Principal Place of Business:**

17 RAILIN RD  
HAMDEN, CT 06514

**New Principal Place of Business:**

17 RAILIN RD  
HAMDEN, CT 06514 UN

**Current Mailing Address:**

10365 SW 111 ST  
MIAMI, FL 33176

**New Mailing Address:**

17 RAILIN RD  
HAMDEN, CT 06514

**FEI Number:** 75-3139304

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EDELINE B, MONDESTIN MRS  
10365 SW 111 STREET  
MIAMI, FL 33176 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: EDELINE B MONDESTIN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CD  
Name: COFFY, EMMANUEL  
Address: 5 CHURCHILL COURT  
City-St-Zip: MORGANVILLE, NJ 07751

Title: VCP  
Name: LOUIS, FRANCKY  
Address: 1005 BLACK OAK COURT  
City-St-Zip: FREDERICKSBURG, VA 22401

Title: DVPS  
Name: ANTOINE, DIEUDONNE  
Address: 17 RAILIN RD  
City-St-Zip: HAMDEN, CT 06514

Title: DT  
Name: EDELINE B, MONDESTIN MRS  
Address: 10365 SW 111 ST  
City-St-Zip: MIAMI, FL 33176

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: EMMANUEL COFFY

CD

11/24/2013

Electronic Signature of Signing Officer or Director

Date