

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000051568

**FILED**  
**Oct 10, 2008**  
**Secretary of State**

**Entity Name:** NOTRE DAME D'HAITI LLC

**Current Principal Place of Business:**

8281 NE 2ND AVE  
MIAMI, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

8281 NE 2ND AVE  
MIAMI, FL 33138

**New Mailing Address:**

FEI Number: 26-0176101      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

METAYER, LOUISE  
11822 SW 44TH STREET  
FT LAUDERDALE, FL 33330      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: LOUISE METAYER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: METAYER, LOUISE  
Address: 1822 SW 44TH STREET  
City-St-Zip: FT LAUDERDALE, FL 33330

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

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TREA      ( ) Change (X) Addition  
Name: KERSAINT, WISLY TREASUR  
Address: 8281 NE 2ND AVE  
City-St-Zip: MIAMI, FL 33138

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LOUISE METAYER

MGR

10/10/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date