


# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N00000005479</b>	
1. Entity Name <b>HAITIAN AMERICAN CHISTIAN ORGANIZATION, INC.</b>	

**FILED**

09 OCT -1 PM 3:57

Principal Place of Business 9979 NW 7TH AVENUE MIAMI, FL 33150 US	Mailing Address 9979 NW 7TH AVENUE MIAMI, FL 33150 US
---	---

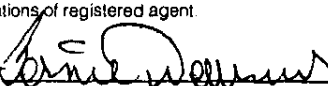


2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

09282009 REINSTATEMENT CR2E099 (1/07) 09	Applied For Not Applicable
---	-------------------------------

6. Name and Address of Current Registered Agent	
FLEURINOR, BERNIE P 9979 NW 7 AVENUE MIAMI, FL 33150	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	9/28/09 DATE

<b>FILE NOW!!! FEE IS \$61.25</b> After January 1, 2010, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
--	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLEURINOR, BERNIE D 385 NE 129TH STREET NORTH MIAMI, FL 33161 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEURINOR, LUCIENNE D 385 NE 129TH STREET NORTH MIAMI, FL 33161 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAMA, JOSEPH D 12245 NW 18 COURT MIAMI, FL 33168 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEURINOR, JEAN D 9920 NW 7TH AVENUE MIAMI, FL 33150 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAINVIL, MARC D 9920 NW 7TH AVENUE MIAMI, FL 33150 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/01/09--01035--001 <input type="checkbox"/> Change <input type="checkbox"/> Addition **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800161241508 10/01/09--01035--001 <input type="checkbox"/> Change <input type="checkbox"/> Addition **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800161241508 10/01/09--01035--002 <input type="checkbox"/> Change <input type="checkbox"/> Addition **\$8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
--	--

SIGNATURE: 	9/28/09 DATE	786-287-0813 Daytime Phone #
--	-----------------	---------------------------------