2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Dec 16, 2004
Secretary of State

DOCUMENT# N01000002658

Entity Name: HAITIAN-AMERICAN CULTURAL SOCIETY, INC.

Current Principal Place of Business:

831 NE 207TH LN #201
N MIAMI BCH, FL 33179

New Principal Place of Business:

P.O. BOX 693008
MIAMI, FL 33269

Current Mailing Address:

PO BOX 693008
MIAMI, FL 33269

New Mailing Address:

FEI Number: 65-1104551 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TOUISSAINT, MARIE R
831 NE 207TH LN #201
N MIAMI BCH, FL 33179 US

Name and Address of New Registered Agent:

TOUSSAINT, MARIE R
P.O BOX 693008
MIAMI, FL 33269 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: MARIE ROSY TOUSSAINT 12/16/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PDT ( ) Delete
Name: TOUSSAINT, MARIE R
Address: 831 NE 207TH LN #201
City-St-Zip: N MIAMI BCH, FL 33179

Title: D ( ) Delete
Name: RAMEAU, TOLAINE
Address: 20325 HIGHLAND LAKES BLVD
City-St-Zip: N MIAMI BCH, FL 33179

Title: D (X) Delete
Name: DURAND, GLADYS B
Address: 478 NE 210 CIR TERR #203
City-St-Zip: N MIAMI BCH, FL 33179

Title: VD ( ) Delete
Name: ORIOL, MICHELE
Address: P O BOX 14
City-St-Zip: LES CAYES, HAITI,

Title: TD ( ) Delete
Name: SAUREL, PHILIPPE
Address: 10210 SYATES AVE.
City-St-Zip: CHICAGO, IL 60617

Title: D ( ) Delete
Name: RAMEAU, YOLAINE
Address: 20325 HIGHLAND LAKES BLVD
City-St-Zip: NORTH MIAMI BEACH, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change ( ) Addition
Name: TOUSSAINT, MARIE R
Address: P.O. BOX 693008
City-St-Zip: MIAMI, FL 33269

Title: D (X) Change ( ) Addition
Name: RAMEAU, YOLAINE
Address: 20325 HIGHLAND LAKES BLVD
City-St-Zip: N MIAMI BCH, FL 33179

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARIE ROSY TOUSSAINT PDT 12/16/2004
Electronic Signature of Signing Officer or Director Date