

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000006586

FILED
Oct 11, 2007
Secretary of State

Entity Name: HAITIANS UNITED FOR PROGRESS, INC.

Current Principal Place of Business:

7100 BISCAYNE BLVD
SUITE 307
MIAMI, FL 33138 US

New Principal Place of Business:

Current Mailing Address:

7100 BISCAYNE BLVD
SUITE 307
MIAMI, FL 33138 US

New Mailing Address:

FEI Number: 65-1146082 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SAMEDI, FLORVIL
1355 NE 117 ST
MIAMI, FL 33161 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: FLORVIL SAMEDI

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAMEDI, FLORVIL
Address: 1355 NE 117 ST.
City-St-Zip: MIAMI, FL 33161

Title: V () Delete
Name: JAMIESON, SONIA
Address: 12851 SW 31ST COURT
City-St-Zip: MIAMI, FL 33027

Title: T () Delete
Name: NIXON, PIERRE
Address: 933 NE 199 STREET
City-St-Zip: MIAMI, FL 33179

Title: 1AT () Delete
Name: FAUBLAS, ROMULUS M
Address: DELMAS 28 # 196
City-St-Zip: PORT-AU-PRINCE, W HAITI

Title: S () Delete
Name: MARIE, SIMEUS H
Address: 1205 NW 155 LANE # 201
City-St-Zip: MIAMI, FL 33169

Title: 1AS () Delete
Name: BLANC CHARLES, ROMULUS
Address: DELMAS 3 RUE AUTRUCHE # 39
City-St-Zip: PORT-AU-PRINCE, W HAITI

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

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 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: FLORVIL SAMEDI

P

10/11/2007

Electronic Signature of Signing Officer or Director

Date