2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000001834

1. Entity Name
HAITIAN SALESIAN ALUMNI ASSOCIATION OF FLORIDA, INC.

FILED
05 OCT 31 PM 5:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6151 MIRAMAR PKWY, SUITE 205 MIRAMAR, FL 33023	P. O. BOX 848756 PEMBROKE PINES, FL 33084

10182005 REIN-NP CR2E099 (6/04)

2. Principal Place of Business	3. Mailing Address
345 NW 194 TERRACE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State
Zip: 33169 Country: DADE	Zip Country

4. FEI Number: 03-0463114 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PERKINS, NOEL 6151 MIRAMAR PKWY, SUITE 205 MIRAMAR, FL 33023	Name: EMMANUEL J VOLTAIRE Street Address (P.O. Box Number is Not Acceptable): 1970 NW 100 WAY City: PEMBROKE PINES FL Zip Code: 33024

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: EMMANUEL J VOLTAIRE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $236.25
After January 1, 2006, Fee will be $297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VOLTAIRE, MICHAEL 345 NW 194 TERRACE MIAMI, FL 33169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ACHILLE, ANDRE 4284 NW 37TH TERR. LAUDERDALE LAKES, FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900061039409 10/31/05--01015--009 **236.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JOSEPH, JEAN-CLAUDE 220 NW 99 ST MIAMI, FL 33150	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALEXIS, FRITZ 1531 NW 134 ST MIAMI, FL 33167	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O OLIBAICE, WESLEY 330 NE 160 ST MIAMI, FL 33162	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition O OLIBRICE WESLEY 330 NE 180 ST MIAMI FL. 33162
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O GAUTHIER, EMILIO 19511 NW 37 CT OPA LOCKA, FL 33055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Michael Voltaire 10-22-05 305-654-9629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #