

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000003551

FILED
Oct 20, 2004
Secretary of State**Entity Name:** FLORIDA ASSOCIATION ON HIV OVER FIFTY, INC.**Current Principal Place of Business:**10365 SW 111 STREET
MIAMI, FL 33176**New Principal Place of Business:****Current Mailing Address:**10365 SW 111 STREET
MIAMI, FL 33176**New Mailing Address:****FEI Number:** **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:**DENIS, JEAN M
5919 NE 2ND AVE.
MIAMI, FL 33137 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** T () Delete
Name: SANSARICQ, MARCUS
Address: 520 NW 130 STREET
City-St-Zip: MIAMI, FL 33168 US**Title:** M () Delete
Name: DENNIS, JEAN M
Address: 5919 NE 2 AVE
City-St-Zip: MIAMI, FL 33137 US**Title:** S () Delete
Name: RUSSO, MONICA
Address: 1405 NW 167 STREET
City-St-Zip: MIAMI, FL 33161 US**Title:** D () Delete
Name: EDELINE, CLERMONT
Address: 10365 SW 111 STREET
City-St-Zip: MIAMI, FL 33176 US**Title:** D () Delete
Name: DELGADO, VINCENT
Address: 3601 FEDERAL HIGH WAY
City-St-Zip: MIAMI, FL 33137 US**Title:** D () Delete
Name: TASSY, ROSE MARIE
Address: 7948 TROPICANA STREET
City-St-Zip: MIRAMAR, FL 33023 US**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:**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: EDELINE B. CLERMONT

D

10/20/2004

Electronic Signature of Signing Officer or Director

Date