

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N02000003686

**FILED**  
**Feb 02, 2012**  
**Secretary of State**

**Entity Name:** HAITIAN-AMERICAN COMMUNITY HELP CENTER, INC.

**Current Principal Place of Business:**

87 NW 15TH PLACE  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

101 NW 15TH PLACE  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

PO BOX 272085  
BOCA RATON, FL 33427

**New Mailing Address:**

101 NW 15TH PLACE  
POMPANO BEACH, FL 33060

**FEI Number:** 20-0012765

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ISMA, EMMANUEL  
87 NW 15TH PLACE  
POMPANO BCH, FL 33060 US

**Name and Address of New Registered Agent:**

ISMA, EMMANUEL  
101 NW 15TH PLACE  
POMPANO BCH, FL 33060 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: JENNIFER RACINE-BERNAVIL

02/02/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ISMA, EMMANUEL  
Address: 101 NW 15TH PLACE  
City-St-Zip: POMPANO BCH, FL 33060

Title: VP  
Name: RACINE-BERNAVIL, JENNIFER  
Address: 101 NW 15TH PLACE  
City-St-Zip: POMPANO BEACH, FL 33417

Title: S  
Name: ISMA, MARIE A  
Address: PO BOX 11272  
City-St-Zip: POMPANO BEACH, FL 33061

I hereby 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 all other like empowered.

SIGNATURE: JENNIFER RACINE-BERNAVIL

VP

02/02/2012

Electronic Signature of Signing Officer or Director

Date