## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N02000003908

FILED Mar 09, 2009 Secretary of State

Entity Name: HAITIAN COMMUNITY CONNECTION OF SOUTH DADE, INC.

Current Principal Place of Business:		New Principal Place of Business:	
13327 SW MIAMI, FL	/ 46TH LANE 33175		
Current Mailing Address:		New Mailing Address:	
13327 SW MIAMI, FL	/ 46TH LANE 33175		
n accordar	r: 33-1007697 FEI Number Applied For ( ) FEI I nce with s. 607.193(2)(b), F.S., the corporation did not received A Address of Current Registered Agent:	· -	
	, VIOLETTE / 46TH LANE . 33175 US		
	e named entity submits this statement for the purpos e of Florida.	e of changing	its registered office or registered agent, or both,
SIGNATU	RE: VIOLETTE DURAND  Electronic Signature of Registered Agent		Data
			Date
OFFICER	S AND DIRECTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTOR
Fitle: Name: Address: City-St-Zip:	P () Delete DURAND, VIOLETTE 13327 SW 46TH LANE MIAMI, FL 33175	Title: Name: Address: City-St-Zip:	() Change () Addition
Fitle: Name: Address: City-St-Zip:	VP ( ) Delete RECOURT, FRANTZ 13327 SW 46TH LANE MIAMI, FL 33175	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: Dity-St-Zip:	VP ( ) Delete BOUCHEREAN, CHANTALE 13327 SW 46TH LANE MIAMI, FL 33175	Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition BOUCHEREAU, CHANTALE 13327 SW 46TH LANE MIAMI, FL 33175
	() 514	Title:	( ) Change ( ) Addition
Fitle: Name: Nddress: City-St-Zip:	S ( ) Delete ROMER, DANIELLE 13327 SW 46TH LANE MIAMI, FL 33175	Name: Address: City-St-Zip:	
lame: \ddress:	ROMER, DANIÉLLE 13327 SW 46TH LANE	Name: Address:	()Change ()Addition

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: VIOLETTE DURAND P 03/09/2009