

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000009737

FILED
Jan 13, 2010
Secretary of State

Entity Name: HAITIAN EDUCATIONAL DEVELOPMENTAL ORGANIZATION, INC.

Current Principal Place of Business:

18106 10314 VENITIA REAL AVE.
109
TAMPA, FL 33647

New Principal Place of Business:

10665 CEDAR PINE DR
TAMPA, FL 33647

Current Mailing Address:

PO.BOX: 48736
TAMPA, FL 33646

New Mailing Address:

10665 CEDAR PINE DR
TAMPA, FL 33647

FEI Number: 54-2086891 **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:

LOUISSAINT, PIERRE J
10314 VENITIA REAL AVE.
109
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

LOUISSAINT, PIERRE J
10665 CEDAR PINE DR
TAMPA, FL 33647 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: PIERRE JOSEPH LOUISSAINT

01/13/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDT
Name: LOUISSAINT, PIERRE J
Address: 10665 CEDAR PINE DR.
City-St-Zip: TAMPA, FL 33647 US

Title: VP
Name: VERDIER, JEAN FRANCOIS
Address: 10665 CEDAR PINE DR
City-St-Zip: TAMPA, FL 33647 US

Title: SEC
Name: LOUISSAINT, ELISENA
Address: 10665 CEDAR PINE DR
City-St-Zip: TAMPA, FL 33647 US

Title: TRE
Name: AKRAM, LATIFAH
Address: 10665 CEDAR PINE DR
City-St-Zip: TAMPA, FL 33647

Title: 2VP
Name: CHANEA, PATRICK
Address: 10665 CEDAR PINE DR
City-St-Zip: TAMPA, FL 33647

Title: AT
Name: ALPHONSE, ROBERT
Address: 10665 CEDAR PINE DR
City-St-Zip: TAMPA, FL 33647

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: PIERRE JOSEPH LOUISSAINT

PRES

01/13/2010

Electronic Signature of Signing Officer or Director

Date