## 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N03000000253

Title:

Name:

Address:

City-St-Zip:

SECR

( ) Delete

MONEREAU, DANIELLE

MIRAMAR, FL 33025

8644 N LEXINGTON DRIVE

Entity Name: HAITI MISSION WORK CORP

FILED Nov 01, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1201 NW 27TH AVE 1201 NW 27TH AVE FORT LAUDERDALE, FL 33025 FORT LAUDERDALE, FL 33311 **Current Mailing Address: New Mailing Address:** 8517 MIRAMAR PARKWAY MIRAMAR, FL 33025 FEI Number: 32-0055075 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: Name and Address of New Registered Agent: MONEREAU, JEAN 8644 N LEXINGTON DRIVE MIRAMAR, FL 33025 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MONEREAU, JEAN Name: Name: Address: 8644 N LEXINGTON DRIVE Address: City-St-Zip: MIRAMAR, FL 33025 City-St-Zip: Title: () Delete Title: () Change () Addition EDOUARD, SURIN Name: Name: Address: 4845 NW 2ND PLACE Address: City-St-Zip: FORT LAUDERDALE, FL 33317 City-St-Zip: Title: **TREA** () Delete Title: () Change () Addition BERTHOLD, LOUIS E Name: Name: 8517 MIRAMAR PARKWAY Address: Address: City-St-Zip: MIRAMAR, FL 33025 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JEAN MONEREAU PRES 11/01/2004

() Change () Addition