2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000010032

FILED Nov 23, 2009 Secretary of State

Entity Name: COMMITTEE DE RELEVEMENT DE BAS-LIMBE, INC.

Current Principal Place of Business:		New Principal Place of Business:	
	29 AVENUE ERDALE, FL 33311		
Current Mailing Address:		New Mailing Address:	
	29 AVENUE ERDALE, FL 33311		
In accordan	: 20-0429576 FEI Number Applied For() FEI nce with s. 607.193(2)(b), F.S., the corporation did not received Address of Current Registered Agent:		Certificate of Status Desired ()
FELIX, MC 460 N.W.			J J
	e named entity submits this statement for the purpos e of Florida.	e of changing its registe	red office or registered agent, or both,
SIGNATU	RE: RODRIGUE DAGOBERT		Dete
	Electronic Signature of Registered Agent		Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHAN	GES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	P () Delete FELIX, NORVILIEN 460 NW 46 AVE PLANTATION, FL 33317	Title: Name: Address: City-St-Zip:	() Change () Addition
Fitle: Name: Address: City-St-Zip:	VD () Delete PIERRE, ALIX 755 E. DALTON CIR. FT LAUDERDALE, FL 33312	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	T () Delete DAQOBERT, LUCIEN 4901 N.W. 6TH	Title: Name: Address:	() Change () Addition
	PLANTATION, FL 33317	City-St-Zip:	
Address: City-St-Zip: Title: Name: Address: City-St-Zip:	PLANTATION, FL 33317 AT () Delete PIERRE, JOSUE 3452 N.W. 37 AVE LAUDERDALE, FL 33709	City-St-∠ip: Title: Name: Address: City-St-Zip:	() Change () Addition
City-St-Zip: Title: Name: Address:	AT () Delete PIERRE, JOSUE 3452 N.W. 37 AVE	Title: Name: Address:	() Change () Addition () 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: RODRIGUE DAGOBERT T 11/23/2009