

2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000001171

FILED
Jan 10, 2011
Secretary of State

Entity Name: AMERICAN UNIVERSITY OF THE CARIBBEAN, INC.

Current Principal Place of Business:

8375 NW 9TH AVE
OCALA, FL 34475

New Principal Place of Business:

3240 SW 34TH ST
APT 812
OCALA, FL 34474

Current Mailing Address:

LYNX AIR
PO BOX407139
FT LAUDERDALE, FL 33340

New Mailing Address:

100 AIRPORT AVE
CAY-1680
VENICE, FL 34285

FEI Number: 85-0322460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FOSTER, JUDITH
8375 NW 9TH AVE
OCALA, FL 34475 US

Name and Address of New Registered Agent:

VROOMAN, JOHN
100 AIRPORT AVE
CAY-1680
VENICE, FL 34285 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: JOHN VROOMAN

01/10/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: SIMILIE, ARSENE
Address: RUE NATIONAL # 2
City-St-Zip: LES CAYES ,HAITI, HT HT 8110

Title: D
Name: DUCLONA, PIERRE
Address: RT NATIONAL 2
City-St-Zip: LES CAYES HAITI, HI HT811

Title: D
Name: DORVIL, ALEX
Address: RUE MEDARD #1
City-St-Zip: SIMONE, HT HT811

Title: D
Name: VROOMAN, JOHN
Address: CITE LUMIERE
City-St-Zip: LES CAYES, HAITI, HT HT 8110

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: JOHN VROOMAN

D

01/10/2011

Electronic Signature of Signing Officer or Director

Date