

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000002994

FILED
Jun 16, 2009
Secretary of State

Entity Name: HAITIAN-AMERICAN ORGANIZATION FOR POPULATION ACTIVITIES AND EDUCATION, INC.

Current Principal Place of Business:

4202 N. 22ND STREET
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

4202 N 22ND STREET
TAMPA, FL 33610

New Mailing Address:

4202 N. 22ND STREET
TAMPA, FL 33610

FEI Number: 20-0899620 **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:

JEAN-FRANCOIS, EMMANUEL
8700 N. 50TH STREET, APT. 227
TAMPA, FL, FL 33617 US

Name and Address of New Registered Agent:

JEAN-FRANCOIS, EMMANUEL
8700 N. 50TH STREET
227
TAMPA, FL 33617 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: EMMANUEL JEAN FRANCOIS

06/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JEAN-FRANCOIS, EMMANUEL
Address: 8700 N. 50TH STREET, APT. 227
City-St-Zip: TAMPA, FL 33617

Title: S () Delete
Name: PIERRETTE, FOUCAULT
Address: 8700 N. 50TH STREET
City-St-Zip: TAMPA, FL 33617

Title: T () Delete
Name: PIERRE, DESRUISSEAU
Address: 6281 CANOPY DR
City-St-Zip: TAMPA, FL 33610

Title: T () Delete
Name: LEOMENE, MACEUS
Address: 2603 WILSKY RD
City-St-Zip: LAND O LAKES, FL 33649

Title: O () Delete
Name: JOSEPH, ILFAUT
Address: 1023 N 15TH STREET
City-St-Zip: TAMPA, FL 33612

Title: O () Delete
Name: MACEUS, SONY
Address: 2603 WILSKY RD
City-St-Zip: LAND O LAKES, FL 33649

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EMMANUEL JEAN FRANCOIS

P

06/16/2009

Electronic Signature of Signing Officer or Director

Date