2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N0400006890

FILED Oct 04, 2007 Secretary of State

Entity Name: CENTRE HAITIEN DE REHABILITATION SOCIALE, INC

Current Principal Place of Business:		New Prince	New Principal Place of Business:	
90 NE 54T JPPERV MIAMI, FL				
Current Mailing Address:		New Mailing Address:		
90 NE 54T JPPERV MIAMI, FL				
		umber Not App		
	ce with s. 607.193(2)(b), F.S., the corporation did not receive Address of Current Registered Agent:	-	e. I Address of New Registered Agent:	
MONDESIR, LEON T 1169 NW 161 AVE PEMBROKE PINES, FL 33028 US		MONDESIR, LEON T 90 NE 54TH STREET UPPER WEST MIAMI, FL 33137 US		
	named entity submits this statement for the purpose of Florida.	of changing	its registered office or registered agent, or both,	
SIGNATUR	RE: LEON MONDESIR		10/04/2007	
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Fitle: Name: Address: City-St-Zip:	P () Delete MONDESIR, LEON T 90 NE 54TH STREET MIAMI, FL 33137 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	VP () Delete ATOURISTE, ANTOINE 17044 SW 34 STREET MIRAMIR, FL 33027 US	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition MARIE, MONDESIR 90 NE 54TH STREET MIAMI, FL 33137 US	
Fitle: Name: Address: City-St-Zip:	VP () Delete CAJUSTE, JOSEPH L 9947 BAYWATER DR BOCA-RATON, FL 33496 US	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition CHRISTINE, MONDESIR 90 NE 54TH STREET MIAMI, FL 33137 US	
Fitle: Name: Address: City-St-Zip:	C () Delete SAINT -CYR, KARINE 197 NE 156 STREET MIAMI, FL 33162	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	S () Delete TELCIDE, FRITZNER 1570 NE 155 TERR N.MIAMI, FL 33162	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	T () Delete BADIO, MARIE A 13900 NW 8 AVE MIAMI, FL 33168	Title: Name: Address: City-St-Zip:	()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: LEON MONDESIR P 10/04/2007