

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000007848

FILED
Sep 24, 2007
Secretary of State

Entity Name: TRADISYON LAKOU LAKAY, INC.

Current Principal Place of Business:

10802/04 NE 4 AVE
MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

10802/04 NE 4 AVE
MIAMI, FL 33161

New Mailing Address:

FEI Number: 65-1085683 **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:

LAGUERRE, ERNEST MR.
10804 NE 4 AVE
MIAMI, FL 33161 US

Name and Address of New Registered Agent:

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: ERNEST LAGUERRE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: CESAR, WEISELANDE MS.
Address: 10802/04 NE 4 AVE
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: BAKER, JENNIFER MS.
Address: 10802/04 NE 4 AVE
City-St-Zip: MIAMI, FL 33161

Title: T () Delete
Name: ST LEGER, NANCY MS.
Address: 10802/04 NE 4 AVE
City-St-Zip: MIAMI, FL 33161

Title: A.D. () Delete
Name: CESAR, SHERLEY MS.
Address: 10802 N.E. 4TH AVENUE
City-St-Zip: MIAMI, FL 33161

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:

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: WEISELANDE CESAR

CEO

09/24/2007

Electronic Signature of Signing Officer or Director

Date