2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000010722

Title:

Name:

Address:

City-St-Zip:

() Delete

18720 NW 27TH AVE APT 102

FRANCOEUR, LUCIEN

OPA LOCKA, FL 33056

FILED Nov 11, 2005 Secretary of State

DOCON	1LIVI# 1V0700010122		Secretary of State	
Entity Nai	me: NORD 'OUEST EN ACTION, INC.			
Current Principal Place of Business:		New Principal Place	of Business:	
7823-25 N MIAMI, FL	E 2ND AVE 33138			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
7823-25 NE 2ND AVE MIAMI, FL 33138		810 NE 182 ST NORT MIAMI BEACH, FL 33		
	: FEI Number Applied For (X) ce with s. 607.193(2)(b), F.S., the corporation did n I Address of Current Registered Agent:	•	Certificate of Status Desired () of New Registered Agent:	
810 NE 18 MIAMI BEA	NT, MAGDA 2ND ST NORTH ACH, FL 33162 US named entity submits this statement for the	purpose of changing its registere	d office or registered agent, or both.	
	e of Florida. ´		,	
SIGNATU	RE: LOUISSAINT MAGDA			
	Electronic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete LOUISSAINT, MAGDA 810 NE 182ND ST NORTH MIAMI BEACH, FL 33162	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete LUCIEN, ERNST 4969 SW 9TH STREET MARGATE. FL 33068	Title: Name: Address: Citv-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MAGDA LOUISSAINT P 11/11/2005

() Change () Addition