2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Dec 22, 2009
Secretary of State

DOCUMENT# N05000000250

Entity Name: HAITI YOUTH DEVELOPMENT AND EDUCATION, INC.

Current Principal Place of Business:

6200 NW 17TH CT
SUNRISE, FL 33313 US

New Principal Place of Business:

5548 NW 31 AVE APT 103
FORT LAUDERDALE, FL 33309 US

Current Mailing Address:

6200 NW 17TH CT
SUNRISE, FL 33313 US

New Mailing Address:

5548 NW 31 AVE APT 103
FORT LAUDERDALE, FL 33309 US

FEI Number: 76-0777831 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

JEROME, PETERSON
6200 NW 17TH CT
SUNRISE, FL 33313 US

Name and Address of New Registered Agent:

JEROME, PETERSON
5548 NW 31 AVE APT 103
FORT LAUDERDALE, FL 33309 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: PETERSON JEROME 12/22/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ELISEE, OLDY
Address: 6200 NW 17TH CT
City-St-Zip: SUNRISE, FL 33313 US

Title: D ( ) Delete
Name: JOACHIN, JOHN
Address: 6200 NW 17TH CT
City-St-Zip: SUNRISE, FL 33313 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ELISEE, OLDY
Address: 1309 NE 2 AVE
City-St-Zip: FT LAUD, FL 33313 US

Title: D (X) Change ( ) Addition
Name: PETERSON, JEROME
Address: 5548 NW 31 AVE APT 103
City-St-Zip: FORT LAUDERDALE, FL 33309 US

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: PETERSON BONPIED D 12/22/2009
Electronic Signature of Signing Officer or Director Date