

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000010657

FILED
Feb 02, 2007
Secretary of State

Entity Name: FONDATION HAITIENNE DE SECOURS MUTUEL, INC.

Current Principal Place of Business:

11704 NW 1ST AVE.
MIAMI, FL 33168

New Principal Place of Business:

775 NE 79TH SREET
E
MIAMI, FL 33138

Current Mailing Address:

11704 NW 1ST AVE.
MIAMI, FL 33168

New Mailing Address:

775 NE 79TH SREET
E
MIAMI, FL 33138

FEI Number: 16-1740091 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:

COLIGNON, FEDNA J DR
11704 NW 1ST AVE.
MIAMI, FL 33168 US

Name and Address of New Registered Agent:

COLIGNON, FEDNA J DR
775 NE 79TH SREET
E
MIAMI, FL 33188 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: DR FEDNA J COLIGNON

02/02/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COLIGNON, FEDNA J DR
Address: 11704 NW 1ST AVE.
City-St-Zip: MIAMI, FL 33168

Title: V () Delete
Name: LAGUERRE, SADRA
Address: 6333 SW 20TH CT.
City-St-Zip: HOLLYWOOD, FL 33023

Title: V () Delete
Name: CONTENT, EDITY DR
Address: 46, RUE DES CASERNES, PORT-AU-PRINCE
City-St-Zip: HAITI,

Title: S () Delete
Name: CHARLES, JEAN C
Address: 11701 SW 177TH TER.
City-St-Zip: MIAMI, FL 33177

Title: S () Delete
Name: ARTUS, REGINALD
Address: PAQUOT, RUE 4, NO. 57, PORT-AU-PRINCE
City-St-Zip: HAITI,

Title: T () Delete
Name: PIERRE, EMMANUEL
Address: 3333 NW 38TH ST.
City-St-Zip: MIAMI, FL 33269

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COLIGNON, FEDNA J DR
Address: 775 NE 79TH SREET SUITE E
City-St-Zip: MIAMI, FL 33168

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 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: DR FEDNA J COLIGNON

P

02/02/2007

Electronic Signature of Signing Officer or Director

Date