

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000012100

FILED
Nov 03, 2006
Secretary of State

Entity Name: HAITIAN LIFE EMPOWERMENT, INC.

Current Principal Place of Business:

1121 NW 8TH AVE
FT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

1121 NW 8TH AVE
FT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JULES, PATRICK
4705 NW 9TH DR
PLANTATION, FL 33317 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: PATRICK JULES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JULES, MAGDELEINE
Address: 7380 PLANTATION RD
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: JULES, PATRICK
Address: 4705 NW 9TH DR
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: CADET, POLGNE
Address: 6210 SW 9TH ST
City-St-Zip: N LAUDERDALE, FL 33068

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:

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: PATRICK JULES

D

11/03/2006

Electronic Signature of Signing Officer or Director

Date