

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000008357

FILED
Apr 03, 2008
Secretary of State

Entity Name: INTERNATIONAL HUMANITARIAN CENTER FOR CHILDREN, INC

Current Principal Place of Business:

8274 NW 1ST PLACE
MIAMI, FL 33150

New Principal Place of Business:

7424 NE 2ND AVENUE
SUITE 3
MIAMI, FL 33138

Current Mailing Address:

8274 NW 1ST PLACE
MIAMI, FL 33150

New Mailing Address:

FEI Number: 20-5364725 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PIERRE, ELIE J.
8274 NW 1ST PLACE
MIAMI, FL 33150 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: ELIEJEAN PIERRE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PIERRE, ELIE J.
Address: 8274 NW 1ST PLACE
City-St-Zip: MIAMI, FL 33150

Title: VD () Delete
Name: OZIAS, OFFRANE REV.
Address: 8276 NW 1ST PLACE
City-St-Zip: MIAMI, FL 33150

Title: SD () Delete
Name: FRANCOIS, MARIE C.
Address: 541 NW 110 ST.
City-St-Zip: MIAMI, FL 33168

Title: SD () Delete
Name: DUMAINE, RIVEL REV.
Address: 2750 SOMERSET DR., APT. T104
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: DT () Delete
Name: LEXY, OLET
Address: 8262 NE 1ST AVE.
City-St-Zip: MIAMI, FL 33138

Title: TD () Delete
Name: PIERRE, ADILIE F.
Address: 8275 NW 1ST PLACE
City-St-Zip: MIAMI, FL 33150

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
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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: ELIE JEAN PIERRE

PD

04/03/2008

Electronic Signature of Signing Officer or Director

Date