

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2008 MAY 29 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04102008 REIN-NP CR2E099 (1/07)

DOCUMENT # N06000013030 1. Entity Name COMITE D'ENTENTE DU NORD D'OUEST D' HAITI, INC.					
Principal Place of Business 1615-1617 NW 38 AVE LAUDERHILL, FL 33313			Mailing Address 1615-1617 NW 38 AVE LAUDERHILL, FL 33313		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number			<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired			<input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CLEOMIE, LAMBERT 3681 NW 29TH STREET LAUDERDALE LAKES, FL 33311			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES JEAN-LOUIS, ISAIE 1361 NW 54 TERRACE LAUDERHILL, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 18pt; font-weight: bold;">000130439630</div> 05/29/08--01029--020 *\$238.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES LAMYSERE, LUCIEN 17872 SW 12 CT PEMBROKE PINES,, FL 33029 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TRESORER TREMBLEY WROY 2671 NW 42 AVE LAUDERHILL FL 33313		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC PHANORD, MARTHE F 7040SW 5TH STREET PEMBROKE PINES, FL 33023 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SECRETARY NESLY SAUVIL 1311 NW 43RD AVE, APT 107, LAUDERHILL, FL 33313		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 24pt; font-weight: bold; text-align: center;">REINSTATEMENT</div> 07-08		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: right; font-size: 24pt; font-weight: bold;">08</div>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Isaie Jean-Louis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04-17-08 <small>Date Daytime Phone #</small>		