

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000001343

FILED
Nov 18, 2009
Secretary of State

Entity Name: ASSOCIATION PERMANENTE POUR LE RELEVEMENT DE MORISSEAU, INC.

Current Principal Place of Business:

150 E SAMPLE RD
SUITE 110
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

150 E SAMPLE RD
SUITE 110
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

Name and Address of New Registered Agent:

CHERUBIN, KERBY
371 SW 30 AVE
DEERFIELD BEACH, FL 33442 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: WELSONY MAUVAIS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAUVAIS, WELSONY
Address: 9290 S.W. 1ST PL
City-St-Zip: BOCA RATON, FL 33428

Title: VP () Delete
Name: CHARLITE, ALFRED
Address: 9620 VINEYARD CT
City-St-Zip: BOCA RATON, FL 33428

Title: T () Delete
Name: CHERUBIN, KERBY
Address: 371 SW 30 AVE
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: S () Delete
Name: SAINTVIL, JOSE
Address: 8761 WILTS RD #301
City-St-Zip: CORAL SPRINGS, FL 33067

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
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: WELSONY MAUVAIS

P

11/18/2009

Electronic Signature of Signing Officer or Director

Date