2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 18, 2008
Secretary of State

DOCUMENT# N07000005788

Entity Name: J B HUMANITARIAN II INC.

Current Principal Place of Business:

9050 PINES BLVD, SUITE 415
PEMBROKE PINES, FL 33024

New Principal Place of Business:

1040 SW 110TH LANE
DAVIE, FL 33324

Current Mailing Address:

9050 PINES BLVD, SUITE 415
PEMBROKE PINES, FL 33024

New Mailing Address:

1040 SW 110TH LANE
DAVIE, FL 33324

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

BAZIN, JACQUES J
8362 PINES BOULEVARD
SUITE # 354
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

CARTRIGHT, LUDOVIC
1040 SW 110TH LANE
DAVIE, FL 33324 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: LUDOVIC CARTRIGHT 10/18/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: BAZIN, JACQUES J
Address: 9050 PINES BLVD, SUITE 415
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP ( ) Delete
Name: PETIT, ESTHERE
Address: 9050 PINES BLVD, SUITE 415
City-St-Zip: PEMBROKE PINES, FL 33024

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: BAZIN, JACQUES J
Address: 9050 PINES BLVD, SUITE 415
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: CFO (X) Change ( ) Addition
Name: CARTRIGHT, LUDOVIC TREASUR
Address: 1040 SW 110TH LANE
City-St-Zip: DAVIE, FL 33324 US

Title: VP ( ) Change (X) Addition
Name: GENNA, MAGALIE COO
Address: 1040 SW 110TH LANE
City-St-Zip: DAVIE, FL 33324 US

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: LUDOVIC CARTRIGHT CFO 10/18/2008
Electronic Signature of Signing Officer or Director Date