2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 15, 2009
Secretary of State

DOCUMENT# N07000011964

Entity Name: HAITIAN-AMERICAN COMMUNITY ASSISTANCE CENTER, INC

Current Principal Place of Business:

2392 W. OAK RIDGE RD
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

2392 W. OAK RIDGE RD
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 90-0362465 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

D.R.S. & ASSOCIATES AGENCY, LLC
2392 W. OAK RIDGE RD
ORLANDO, FL 32809 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: MARJORIE JOSEPH
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: JEAN BAPTISTE, CARLYNE
Address: 2392 W. OAK RIDGE RD
City-St-Zip: ORLANDO, FL 32809

Title: ED ( ) Delete
Name: JOSEPH, MARJORIE
Address: 2392 W. OAK RIDGE RD
City-St-Zip: ORLANDO, FL 32809

Title: AVP ( ) Delete
Name: SCHMIDLI, RICHARD A
Address: 2392 W. OAK RIDGE RD
City-St-Zip: ORLANDO, FL 32809

Title: DIR ( ) Delete
Name: BRIDGEWATER, MIGEL D DIR
Address: 2392 W OAK RIDGE RD
City-St-Zip: ORLANDO, FL 32809

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: MARJORIE JOSEPH RA 10/15/2009
Electronic Signature of Signing Officer or Director — Date