

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N08000007097

**FILED**  
**Jan 04, 2010**  
**Secretary of State**

**Entity Name:** UNION FOR RECONCILIATION NATIONAL OF HAITI AND HUMAN RIGHT DEFENSE INC.

**Current Principal Place of Business:**

2651 NE 1ST ST  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

2651 NE 1ST ST  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

**FEI Number:** 80-0250924      **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:**

**Name and Address of New Registered Agent:**

PIERRE, WEBENTON S  
2651 NE 1ST ST  
BOYNTON BEACH, FL 33435      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:** WEBENTON S. PIERRE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** PIERRE, WEBENTON S  
**Address:** 2651 NE 1ST ST  
**City-St-Zip:** BOYNTON BEACH, FL 33435

**Title:** V  
**Name:** JOSEPH, DIEUGRAND  
**Address:** 3201 EAST PALM DR  
**City-St-Zip:** BOYNTON BEACH, FL 33435

**Title:** S-G  
**Name:** JOSEPH, DANISE  
**Address:** 2520 ANGLER DR  
**City-St-Zip:** DELRAY BEACH, FL 33445

**Title:** T  
**Name:** DORCIN, LYDIE  
**Address:** 424 SW 9 AVE  
**City-St-Zip:** BOYNTON BEACH, FL 33435

**Title:** MGRM  
**Name:** DORCIN, LOUISNY  
**Address:** 424 SW 9 AVE  
**City-St-Zip:** BOYNTON BEACH, FL 33435

**Title:** C  
**Name:** ASHLEY, PAUL C  
**Address:** P.O. BOX 3876  
**City-St-Zip:** ALBANY, NY 12203

I hereby 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 all other like empowered.

**SIGNATURE:** WEBENTON S. PIERRE

P

01/04/2010

Electronic Signature of Signing Officer or Director

Date