## 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N08000009164

Entity Name: CHILDREN'S HOPE OF HAITI, INC.

FILED Sep 25, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

248 NORTHEAST 199TH TERRACE 19495 BISCAYNE BLVD. SUITE 200

MIAMI, FL 33179 AVENTURA, FL 33180

Current Mailing Address: New Mailing Address:

248 NORTHEAST 199TH TERRACE 19495 BISCAYNE BLVD. SUITE 200

MIAMI, FL 33179 AVENTURA, FL 33180

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

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

SPIEGEL & UTRERA, P.A.
NIRVA, DIGERONIMO
1840 SOUTHWEST 22ND STREET, 4TH FLOOR
NIRVA, DIGERONIMO
19495 BISCAYNE BLVD.

MIAMI, FL 33145 US SUITE 200

AVENTURA, FL 33180 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: NIRVA DIGERONIMO 09/25/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: DVP

 Name:
 DIGERONIMO, NIRVA

 Address:
 19495 BISCAYNE BLVD. #200

 City-St-Zip:
 AVENTURA, FL 33180

Title: DVP

Name: DI GERONIMO, ERNEST M DR Address: 19495 BISCAYNE BLVD. SUITE 200

City-St-Zip: AVENTURA, FL 33180

Title: DV

Name: MARGARETT, LAMARRE

Address: 19495 BISCAYNE BLVD. SUITE 200

City-St-Zip: AVENTURA, FL 33180

Title: DS

Name: VAL, PAULETTE

Address: 19495 BISCAYNE BLVD SUITE 200

City-St-Zip: AVENTURA, FL 33180

Title: DAS

Name: LAMARRE, KATUCIA

Address: 19495 BISCAYNE BLVD. SUITE 200

City-St-Zip: AVENTURA, FL 33180

Title:

Name: SIMON, KATIA

Address: 19495 BISCAYNE BLVD. SUITE 200

City-St-Zip: AVENTURA, FL 33180

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: NIRVA DIGERONIMO DVP 09/25/2012