2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000009322

FILED Oct 29, 2009 Secretary of State

Entity Name: HAITIAN MISSION ORGANIZATION SUPPORT CORP.

Current P	rincipal Place of Business:	New Principal Place of Business:
	53RD ST. , FL 33027	
Current Mailing Address:		New Mailing Address:
	53RD ST. , FL 33027	
	ce with s. 607.193(2)(b), F.S., the corporatio	n did not receive the prior notice.
Name and	Address of Current Registered Age	ent: Name and Address of New Registered Agent:
MICHEL, C 13112 SW MIRAMAR		
	named entity submits this statement for a first statement for statement for a first stat	or the purpose of changing its registered office or registered agent, or both,
SIGNATUI	RE: CARLO MICHEL	
	Electronic Signature of Register	ed Agent Date
OFFICER:	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address:	P () Delete MICHEL, CARLO 13112 SW 53RD ST	Title: () Change () Addition Name: Address:
City-St-Zip:	MIRAMAR, FL 33027	City-St-Zip:
Title: Name: Address:	VP () Delete CHARLES, RAYMONDE 13112 SW 53RD ST. MIRAMAR, FL 33027	City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip: Title: Name: Address:	VP () Delete CHARLES, RAYMONDE 13112 SW 53RD ST.	Title: () Change () Addition Name: Address:
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip:	VP () Delete CHARLES, RAYMONDE 13112 SW 53RD ST. MIRAMAR, FL 33027 S () Delete MICHEL, CARLSON 13112 SW 53RD ST	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

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: CARLO MICHEL P 10/29/2009