

# 2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N09000003592

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** HELPING HANDS FOR HAITIAN PARENTS, INC.

**Current Principal Place of Business:**

7509 NW 41 STREET  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

1322 NE 4TH AVE.  
SUITE A  
FORT LAUDERDALE, FL 33305

**Current Mailing Address:**

PO BOX 6701062  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

1322 NE 4TH AVE.  
SUITE A  
FORT LAUDERDALE, FL 33305

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BRUNAT, WILNES  
7509 NW 41 STREET  
CORAL SPRINGS, FL 33065 US

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

BRUNAT, WILNES  
5720 LAKESIDE DRIVE  
607  
MARGATE, FL 33063 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: WILNES BRUNAT

04/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BRUNAT, WILNES  
Address: 5720 LAKESIDE DRIVE  
City-St-Zip: MARGATE, FL 33063

Title: VP  
Name: BRUNAT, JOB W  
Address: 5720 LAKESIDE DRIVE APT. 607  
City-St-Zip: MARGATE, FL 33063

Title: S  
Name: BRUNAT, ESTHER  
Address: 8100 SW 22 ST. APT. 114  
City-St-Zip: NORTH LAUDERDALE, FL 33068

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: WILNES BRUNAT

P

04/27/2011

Electronic Signature of Signing Officer or Director

Date