

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N38657

FILED
Apr 02, 2008
Secretary of State

Entity Name: HOSPITAL FOR THE NEEDY AND HOMELESS PERSONS, INC.

Current Principal Place of Business:

11629 N.W. 7TH AVE
STE A
MIAMI, FL 33168 US

New Principal Place of Business:

540 NW 165 STREET RD
306
MIAMI, FL 33161 US

Current Mailing Address:

11629 N.W. 7TH AVE
STE A
MIAMI, FL 33168 US

New Mailing Address:

12555 NW 1 AVENUE
MIAMI, FL 33168 US

FEI Number: 65-0203195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTOINE, YOLETTE
11629 NW 7TH AVE
SUITE A
MIAMI, FL 33168 US

Name and Address of New Registered Agent:

SAINTSURIN, JIMMY
18510 NW 28 PL
OPA-LOCKA, FL 33056 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: JIMMY SAINTSURIN

04/02/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JEAN, JACQUELINE
Address: 12555 NW 1 AVE
City-St-Zip: MIAMI, FL 33168

Title: MD () Delete
Name: LORESTIE, LOUISE
Address: 11629 NW 77TH AVENUE
City-St-Zip: MIAMI, FL 33168 US

Title: VMD () Delete
Name: ANTOINE, YOLETTE
Address: 11629 NW 7TH AVENUE
City-St-Zip: MIAMI, FL 33168 US

Title: SD () Delete
Name: ANTOINE, JEANNETTE
Address: 11629 N.W. 7TH AVE
City-St-Zip: MIAMI, FL 33168 US

Title: A () Delete
Name: CHAPIESKY, LISNA
Address: 12555 NW 1ST AVE
City-St-Zip: MIAMI, FL 33168

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ANTOINE, YOLETTE
Address: 12555 NW 1 AVENUE
City-St-Zip: MIAMI, FL 33168

Title: VP (X) Change () Addition
Name: SAINTSURIN, JAMES
Address: 18510 NW 28 PLACE
City-St-Zip: OPA-LOCKA, FL 33056 US

Title: A (X) Change () Addition
Name: JEAN, JACQUELINE
Address: 12555 NW 1 AVENUE
City-St-Zip: MIAMI, FL 33168 US

Title: SD (X) Change () Addition
Name: ISLER, SHONTRELLE
Address: 18510 NW 28 PLACE
City-St-Zip: OPA-LOCKA, FL 33056 US

Title: MD (X) Change () Addition
Name: MORISMA, DANIEL
Address: 4100 CORP SQ
City-St-Zip: NAPLES, FL 34104

Title: MD () Change (X) Addition
Name: ANTOINE, JEANNETTE
Address: 12555 NW 1 AVENUE
City-St-Zip: MIAMI, FL 33168

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: REVEREND YOLETTE ANTOINE, PASTOR

PD

04/02/2008

Electronic Signature of Signing Officer or Director

Date