2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000005954

FILED Feb 16, 2009 Secretary of State

Entity Name: GRACE HAITIAN UNITED METHODIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 6501 NORTH MIAMI AVENUE MIAMI, FL 33150 **Current Mailing Address: New Mailing Address:** 6501 NORTH MIAMI AVENUE MIAMI, FL 33150 FEI Number: 65-0475001 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) 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: FLOREAL, PREVAL S 6501 N. MÍAMI AVE. MIAMI, FL 33150 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: PREVAL S. FLOREAL Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete FLOREAL, JUSTIN LAGUERRE, MATHURIN S Name: Name: 260 NW 145 ST. Address: 13805 NW 3 AVE Address: City-St-Zip: MIAMI, FL 33168 City-St-Zip: MIAMI, FL 33168 Title: () Delete Title: (X) Change () Addition LAINE, THEOPHILE Name: Name: SAINT GERMAIN, FRITZ Address: 11701 NW 12 AVE. Address: 1754 NW 204 STREET City-St-Zip: MIAMI, FL 33162 City-St-Zip: MIAMI, FL 33056 Title: () Delete Title: (X) Change () Addition CASSEUS, EDWIN J JOSEPH, HERODE Name: Name: 14875 NE 18 AVE. 153 NW 53RD STREET Address: Address: City-St-Zip: MIAMI, FL 33168 City-St-Zip: MIAMI, FL 33127 Title: () Delete Title: () Change (X) Addition Name: Name: PIERRE, DARLINE 6501 N. MIAMI AVE Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33150 Title: () Delete Title: () Change (X) Addition LAINE, THEOPHILE K Name: Name: 100 NW 12 AV Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33160 Title: () Delete Title: () Change (X) Addition ABALLARD, LUCO J Name: Name: Address: Address: 12685 N.E 4TH AVE MIAMI, FL 33161 City-St-Zip: City-St-Zip:

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: EDWN J. CASSEUS S 02/16/2009