

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000001954

FILED  
Dec 11, 2009  
Secretary of State

Entity Name: LUMILY'S MISSION FOR HAITI INC.

## Current Principal Place of Business:

6416 NE 2ND AVE  
MIAMI, FL 33138

## New Principal Place of Business:

7676 PINES BLVD  
PEMBROKE PINES, FL 33025

## Current Mailing Address:

1510 SW 87 TERRACE  
PEMBROKE PINES, FL 33025

## New Mailing Address:

FEI Number: 65-0862078      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:

OMIER, MILTON G  
15126 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH, FL 33162      US

## Name and Address of New Registered Agent:

OMIER, MILTON G  
540 NW 165 STREET RD SUITE 110  
MIAMI, FL 33169      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: MILTON OMIER

12/11/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD      ( ) Delete  
Name: MATHIELIER, LICIENNE  
Address: 1510 SW 87 TERRACE  
City-St-Zip: PEMBROKES PINES, FL 33025

Title: VSD      ( ) Delete  
Name: OMIER, MILTON G  
Address: 15126 WEST DIXIE HIGHWAY  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: TD      ( ) Delete  
Name: MATHIELIER, EMILIE  
Address: 2401 SW 42ND TERRACE APTB  
City-St-Zip: FORT LAUDERDALE, FL 33317

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VSD      (X) Change ( ) Addition  
Name: OMIER, MILTON G  
Address: 540 NW 165 STREET RD SUITE 110  
City-St-Zip: MIAMI, FL 33169

Title: TD      (X) Change ( ) Addition  
Name: BLANCHARD, CHANTAL  
Address: 19000 NW 12 STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

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: LUCIENNE MATHIELIER

PD

12/11/2009

Electronic Signature of Signing Officer or Director

Date