2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 29, 2008
Secretary of State

DOCUMENT# P05000062232

Entity Name: HISPAGNOLA, INC.

Current Principal Place of Business:

5570 NW LIGON CIR.
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

6365 NW REGALCIR.
PORT ST. LUCIE, FL 34983

Current Mailing Address:

5570 NW LIGON CIR.
PORT ST. LUCIE, FL 34983

New Mailing Address:

6365 NW REGAL CIR.
PORT ST. LUCIE, FL 34983

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALEXANDRE, PHILIPPE
5570 NW LIGON CIR.
PORT ST. LUCIE, FL 34983 US

Name and Address of New Registered Agent:

ALEXANDRE, PHILIPPE
6365NW REGAL CIR.
PORT ST. LUCIE, FL 34983 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: MADELEINE M. LABBE 01/29/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ALEXANDRE, PHILIPPE
Address: 5570 NW LIGON CIR.
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D ( ) Delete
Name: LABBE, MADELEINE
Address: 5605 HICKORY DR
City-St-Zip: FT. PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ALEXANDRE, PHILIPPE
Address: 6365 NW REGAL CIR.
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D (X) Change ( ) Addition
Name: LABBE, MADELEINE
Address: 5221 NW MAYFIELD LANE
City-St-Zip: PORT ST LUCIE, FL 34983

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MADELEINE M. LABBE D 01/29/2008
Electronic Signature of Signing Officer or Director Date