

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000135387

Entity Name: LE GOUT D'HAITI RESTAURANT, INC.

FILED
Oct 14, 2009
Secretary of State

Current Principal Place of Business:

21369 NW 2ND AVE
A-7
N. MIAMI, FL 33169

New Principal Place of Business:

21315 NW 2ND AVE
A-7
MIAMI, FL 33169

Current Mailing Address:

21221 NW 14TH PLACE
423
MIAMI GARDENS, FL 33169

New Mailing Address:

FEI Number: 90-0356592 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TELFORT, ALEX
21221 NW 14TH PLACE
423
MIAMI GARDENS, FL 33169 US

Name and Address of New Registered Agent:

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: ALEX TELFORT

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: P () Delete
Name: TELFORT, ALEX
Address: 21221 NW 14TH PLACE #423
City-St-Zip: MIAMI GARDENS, FL 33169

Title: P () Delete
Name: TELFORT, NADINE
Address: 21221 NW 14TH PLACE #423
City-St-Zip: MIAMI GARDENS, FL 33169

Title: VP () Delete
Name: TELFORT, ARLETTE
Address: 929 NE 199TH STREET #203
City-St-Zip: MIAMI, FL 33179

Title: VP () Delete
Name: TELFORT, MOSSELY
Address: 522 NE 211TH TERRACE
City-St-Zip: MIAMI, FL 33179

Title: VP () Delete
Name: FENELUS, PATRICK
Address: 929 NE 199TH STREET #201
City-St-Zip: MIAMI, FL 33179

Title: VP () Delete
Name: ATIS, BERNADETTE
Address: 480 NE 204TH CT
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: () Change () Addition
Name:
Address:
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEX TELFORT

Electronic Signature of Signing Officer or Director

VP

10/14/2009

Date