

**2023 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N15000003163

**Entity Name:** ASSOCIATION FOR DEVELOPMENT OF PETITE-DESDUNES, HAITI INC.

**FILED**  
**Nov 02, 2023**  
**Secretary of State**  
**2758285646CR**

**Current Principal Place of Business:**

453 SW 4TH AVE  
BOYNTON BEACH, FL 33435-4834

**Current Mailing Address:**

453 SW 4TH AVE  
BOYNTON BEACH, FL 33435-4834

**FEI Number: 47-4343272**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

KETELIN, THELEMAQUE  
116 TARA LAKE DR W  
BOYNTON BEACH, FL 33436 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: KETELIN THELEMAQUE**

**11/02/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name JEAN, EMIER  
Address 116 TARA LAKE DR W  
City-State-Zip: BOYNTON BEACH FL 33436

Title VP  
Name THOMAS, JEAN  
Address 5810 NW ALLYSE DR  
City-State-Zip: PORT ST LUCIE FL 34986

Title SECRETARY  
Name THELEMAQUE, KETELIN  
Address 6037 WESTFALL RD  
City-State-Zip: LAKE WORTH FL 33463

Title T  
Name SIMILIEN, BODELER  
Address 4204 NW 76 AVE  
City-State-Zip: CORAL SPRINGS FL 33065

Title O  
Name PIERRE, SAUL  
Address 453 SW 4TH AVE  
City-State-Zip: BOYNTON BEACH FL 33435

Title O  
Name SAINT PIERRE, JOSEPH  
Address 458 SW 2ND AVE  
City-State-Zip: BOYNTON BEACH FL 33435

Title COORDINATOR  
Name DELVA, EXANTE  
Address 219 RD STREET EAST  
City-State-Zip: BRADENTON FL 34208

*I hereby 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 all other like empowered.*

**SIGNATURE: KETELIN THELEMAQUE**

**S**

**11/02/2023**

Electronic Signature of Signing Officer/Director Detail

Date