#### 2022 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N19000005239

Entity Name: DESSALINES EN ACTION INC.

FILED
Apr 28, 2022
Secretary of State
2918774661CR

### **Current Principal Place of Business:**

1423 SOUTH M STREET LAKE WORTH, FL 33460

### **Current Mailing Address:**

1423 SOUTH M STREET LAKE WORTH, FL 33460 US

FEI Number: 84-1944568 Certificate of Status Desired: Yes

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

JESURA, BERNADETTE 1423 SOUTH M STREET LAKE WORTH, FL 33460 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: JESURA BERNADETTE

04/28/2022

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	Р	Title	M

Name JESURA, BERNADETTE Name JULIEN, HAROLD

Address 1423 SOUTH M STREET Address 1423 SOUTH M STREET

City-State-Zip: LAKE WORTH FL 33460 City-State-Zip: LAKE WORTH FL 33460

Title TR Title DELEGATE

Name CONSERVE, PAUL Name DEVARISTE, SAUL

Address 1423 SOUTH M STREET Address 1423 SOUTH M STREET

City-State-Zip: LAKE WORTH FL 33460 City-State-Zip: LAKE WORTH FL 33460

Title ADVI Title S

NameJOSEPH, OSNELNameJOSEPH, URBAINAddress1483 SOUTH M STREETAddress692 CREUSET AVE S

City-State-Zip: LAKE WORTH FL 33460 City-State-Zip: LEHIGH ACRES FL 33974

Title T Title M

NameGABRIEL, DOLENameDELVA, JEAN-ANRIOAddress903 12TH AVE SAddress16701 NE 21 AVENUE<br/>APT 201

City-State-Zip: LAKE WORTH FL 33460 City-State-Zip: MIAMI FL 33162

## Continues on page 2

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: BERNADETTE JESURA PR 04/28/2022

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title VP

NameDEVARISTE, CLERMENCEAUAddress8165 BELEVEDERE RD APT 208City-State-Zip:WEST PALM BEACH FL 33411