

2023 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N21000008452

Entity Name: ASSOCIATION DES ANCIENS DE LA FACULTE DE MEDECINE
D HAITI INC.**FILED**
Apr 12, 2023
Secretary of State
9137995429CR**Current Principal Place of Business:**16853 NE 2ND AVE STE 101
NORTH MIAMI BEACH, FL 33162**Current Mailing Address:**16853 NE 2ND AVE STE 101
NORTH MIAMI BEACH, FL 33162**FEI Number: 87-1864742****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 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:** UNITED STATES CORPOPORATION AGENTS, INC.**04/12/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|----------------------------|
| Title | PD |
| Name | ROCHE, FRANCOIS R |
| Address | 16853 NE 2ND AVE STE 101 |
| City-State-Zip: | NORTH MIAMI BEACH FL 33162 |

| | |
|-----------------|----------------------------|
| Title | TD |
| Name | PIERRE, STANLEY |
| Address | 16853 NE 2ND AVE STE 101 |
| City-State-Zip: | NORTH MIAMI BEACH FL 33162 |

| | |
|-----------------|----------------------------|
| Title | SD |
| Name | DESROSIERS, FLORENCE |
| Address | 16853 NE 2ND AVE STE 101 |
| City-State-Zip: | NORTH MIAMI BEACH FL 33162 |

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: FLORENCE DESROSIERS**SECRETARY****04/12/2023**

Electronic Signature of Signing Officer/Director Detail

Date