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: U. S.

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 STATE CORP			02/15/2018	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	VP	Title	PRESIDENT		
Name	CODIO, STEPHEN	Name	DUPERIER, CLAUDE		
Address	8371 E DIXIE HWY	Address	1280 NW 48 AVE		
City-State-Zip:	MIAMI FL 33138	City-State-Zip:	LAUDERHILL FL 33313		
Title	TREASURER, SECRETARY				
Name	PIERRE NOEL, PAUL EDOUARD				
Address	1155 NE 137 STREET				
City-State-Zip:	MIAMI FL 33161				

1155 NE 137 STREET MIAMI, FL 33161 US

### **FEI Number: APPLIED FOR**

### Name and Address of Current Registered Agent:

U, S 13302 WINDING OAKS BLVD., SUITE A TAMPA, FL 33612 US

# 2018 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

# DOCUMENT# N16000010337

Entity Name: ASAP HAITI RELIEF, INCORPORATED

# **Current Principal Place of Business:**

1155 NE 137 STREET MIAMI, FL 33161

# **Current Mailing Address:**

**REGISTERED AGENT** 

02/15/2018

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Feb 15, 2018 Secretary of State CR5710958103

Certificate of Status Desired: No