

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 05, 2009
Secretary of State

DOCUMENT# N02000004768

Entity Name: ACTING FOR ALL, INC.

Current Principal Place of Business:

3138 COMMODORE PLACE
SUITE 316
COCONUT GROVE, FL 33133

New Principal Place of Business:

3138 COMMODORE PLACE
SUITE 317
COCONUT GROVE, FL 33133

Current Mailing Address:

3138 COMMODORE PLACE
SUITE 316
COCONUT GROVE, FL 33133

New Mailing Address:

3138 COMMODORE PLACE
SUITE 317
COCONUT GROVE, FL 33133

FEI Number: 16-1621916 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALONSO-POCH, MANUEL
3138 COMMODORE PLAZA
SUITE 318
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

ALONSO-POCH, MANUEL
3138 COMMODORE PLAZA
SUITE 102
MIAMI, FL 33133 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: MANUEL ALONSO-POCH

11/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NOY, JOSE
Address: 3138 COMMODORE PLAZA SUITE 318
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: MONTANER, RUTH C
Address: 3750 SW 8 STREET
City-St-Zip: MIAMI, FL 33134

Title: D () Delete
Name: ORTIZ-PETIT, IGNACIO
Address: 3138 COMMODORE PLAZA SUITE 318
City-St-Zip: MIAMI, FL 33133

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: HOLLEMAN, CECILIA C
Address: 3672 GRAND AVENUE
City-St-Zip: MIAMI, FL 33133

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTH C. MONTANER

D

11/05/2009

Electronic Signature of Signing Officer or Director

Date