2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000004300

FILED Jun 18, 2009 Secretary of State

Entity Name: DORAL & AIRPORT WEST CHAMBER OF COMMERCE II INC.

Current Principal Place of Business:	New Principal Place of Business:
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1565 N.W. 88TH AVE # C 2670 NW 97 AVE DORAL, FL 33172 DORAL, FL 33172

Current Mailing Address: New Mailing Address:

1565 N.W. 88TH AVE # C 2670 NW 97 AVE DORAL, FL 33172 DORAL, FL 33172

FEI Number: 20-1426467 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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: Name and Address of New Registered Agent:

MADRIGAL, FELIPE E
1565 N.W. 88TH AVE #C
DORAL, FL 33172 US

MADRIGAL, FELIPE E
2670 NW 97 AVE
DORAL, FL 33172 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: FELIPE MADRIGAL 06/18/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P/S
 () Delete
 Title:
 P/S
 (X) Change () Addition

 Name:
 MADRIGAL, FELIPE E P/S
 Name:
 MADRIGAL, FELIPE E P/S

 Address:
 1565 N.W. 88TH AVE #C
 Address:
 2670 NW 97 AVE

 City-St-Zip:
 DORAL, FL 33172 US
 DORAL, FL 33172 US

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 BRITO, ARIANNE

 Address:
 Address:
 10590 NW 27 STREET

 City-St-Zip:
 City-St-Zip:
 DORAL, FL 33172

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 D'ARBELLES, MICHELLE

 Address:
 Address:
 2670 NW 97 AVE

 City-St-Zip:
 City-St-Zip:
 DORAL, FL 33172

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: ARIANNE BRITO D 06/18/2009