2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000007106

FILED Sep 29, 2009 Secretary of State

Entity Name: CENTRO DE LA FAMILIA CRISTIANA DE POINCIANA, INC.

Current Principal Place of Business: New Principal Place of Business: 3250 PLEASANT HILL RD KISSIMMEE, FL 34746 **Current Mailing Address: New Mailing Address:** 3250 PLEASANT HILL RD KISSIMMEE, FL 34746 FEI Number: 20-1429017 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: Name and Address of New Registered Agent: FIGUEROA, JAVIER 3250 PLEASANT HILL RD KISSIMMEE, FL 34746 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: JAVIER FIGUEROA Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FIGUEROA, JAVIER Name: Name: 3250 PLEASANT HILL RD Address: Address: City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip: Title: Title: () Delete () Change () Addition FIGUEROA, ROSELIND Name: Name: Address: 3250 PLEASANT HILL RD Address: City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip: Title: () Delete Title: (X) Change () Addition GARCIA, IVAN Name: CLAVELL, JORGE Name: 1143 ZACHARY RIDGE CT 3018 BONFIRE BEACH DR #104 Address: Address: City-St-Zip: KISSIMMEE, FL 34747 City-St-Zip: KISSIMMEE, FL 34746 () Delete Title: Title: () Change () Addition ALICEA, JOSE Name: Name: 487 PRESTWICK PLACE Address: Address: City-St-Zip: KISSIMMEE, FL 34759 City-St-Zip: Title: Title: (X) Delete () Change () Addition CLAVELL, JORGE Name: Name: 3018 BONFIRE BEACH DR #104 Address: Address: KISSIMMEE, FL 34746 City-St-Zip: City-St-Zip:

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: JAVIER FIGUEROA PRES 09/29/2009