

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 20, 2009
Secretary of State**

DOCUMENT# N06000002756

Entity Name: MANOS ABIERTAS FOUNDATION, INC.

Current Principal Place of Business:

511 SANTANDER AVE #2
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

511 SANTANDER AVE #2
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-4487672 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:

ZURBARAN, MARJORIE
511 SANTANDER AVE #2
CORAL GABLES, FL 33134 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: MARJORIE ZURBARAN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ZURBARAN, MARJORIE
Address: 511 SANTANDER AVE #2
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: ARAUJO-CALDERON, MARINA
Address: 511 SANTANDER AVE #2
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: CORREA, MARISOL
Address: 511 SANTANDER AVE #2
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change () Addition
Name: PELAEZ, MARGARITA
Address: 511 SANTANDER AVE #2
City-St-Zip: CORAL GABLES, FL 33134

Title: S () Delete
Name: CABRERA, JAIME A
Address: 511 SANTANDER AVE #2
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: NOGUERA, HENRY
Address: 511 SANTANDER AVE #2
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
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: MARJORIE ZURBARAN

D

10/20/2009

Electronic Signature of Signing Officer or Director

Date