


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07000012088

1. Entity Name
LATIN AMERICA HEALTH FOUNDATION, INC.



FILED
2008 DEC - 5 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10082008 REIN-NP CR2E099 (1/07)

Principal Place of Business
306 ALCAZAR AVENUE
SUITE 203
CORAL GABLES, FL 33134

Mailing Address
40 EAST 78 STREET
SUITE 14D
NEW YORK, NY 10075

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country

4. FEI Number
26-1989725

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LAW OFFICES OF EDUARDO L. HERNANDEZ, P.A.
306 ALCAZAR AVENUE
SUITE 203
CORAL GABLES, FL 33134

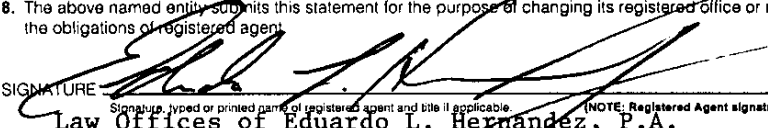
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  11/19/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
Law Offices of Eduardo L. Hernandez, P.A.

FILE NOW!!! FEE IS \$236.25
After January 1, 2009, Fee will be \$297.50

Make check payable to
Florida Department of State

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete MENDOZA, LUISA A 40 EAST 78 STREET, 14D NEW YORK, NY 10075 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete LEVIANT, MARIA L 40 EAST 78 STREET, 14D NEW YORK, NY 10075 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete MENDOZA, GONZALO 40 EAST 78 STREET, 14D NEW YORK, NY 10075 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete SUCRE, ANDRES E 40 EAST 78 STREET, 14D NEW YORK, NY 10075 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete VOGELER, JUAN A 40 EAST 78 STREET, 14D NEW YORK, NY 10075 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete PULIDO, PABLO 40 EAST 78 STREET, 14D NEW YORK, NY 10075 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 900138686009 12/08/08--01041--001 **253.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  10/28/08 212.249.5615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TR 178AD