## 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N08000002556

Oct 13, 2014 Secretary of State

Entity Name: ORGANIZACION LATINO AMERICANA DE ASISTENCIA SOCIAL INC

**Current Principal Place of Business: New Principal Place of Business:** 

1218 BERMUDA LAKE LN., APT 104 1218 BERMUDA LAKE LN., APT 104 KISSIMMEE, FL 34741

KISSIMMEE, FL 34741

**Current Mailing Address: New Mailing Address:** 

1218 BERMUDA LAKE LN., APT 104 KISSIMMEE, FL 34741

FEI Number: 26-2296852 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LUCIANO, APOLINAR F 1218 BERMUDA LAKE LN., APT 104 KISSIMMEE, FL 34741

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: APOLINAR F. LUCIANO

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

ESPINAL, JOSE L Name: Address: 2867 SWEETSPIRE CIR City-St-Zip: KISSIMMEE, FL 34746

Title:

Name: LUCIANO, APOLINAR F

Address: 1229 BERMUDA LAKE LANE, APT, 207

City-St-Zip: KISSIMMEE, FL 34741

Title: VΡ

PEREZ D, BIENVENIDO Name: Address: 3988 BLOSSON DEW City-St-Zip: KISSIMMEE, FL 34746

Title: **TREA** 

Name: JIMENEZ, WAGNER G Address: 4217 FORT COURAGE CIR City-St-Zip: KISSIMMEE, FL 34746

SEC Title:

ESPINAL, DOMINGO A Name: 2867 SWEETSPIRE CIR Address: City-St-Zip: KISSIMMEE, FL 34746

I hereby 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 all other like empowered.

SIGNATURE: JOSE L ESPINAL Ρ 10/13/2014