2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 08, 2009
Secretary of State

DOCUMENT# N08000011484

Entity Name: AMERICA'S BUSINESS COUNCIL FOUNDATION, INC.

Current Principal Place of Business:

6355 NW 36 STREET
2ND FLOOR
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

6355 NW 36 STREET
2ND FLOOR
MIAMI, FL 33166

New Mailing Address:

FEI Number: 26-3940145 **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:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD
#221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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: CORPORATE CREATIONS NETWORKS INC

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: AZCARRAGA, EMILIO
Address: 6355 NW 36 STREET, 2ND FLOOR
City-St-Zip: MIAMI, FL 33166

Title: D ( ) Delete
Name: LEE, ISAAC
Address: 6355 NW 36 STREET, 2ND FLOOR
City-St-Zip: MIAMI, FL 33166

Title: D ( ) Delete
Name: HOLGUIN, FELIPE
Address: 6355 NW 36 STREET, 2ND FLOOR
City-St-Zip: MIAMI, FL 33166

Title: D ( ) Delete
Name: GUTIERREZ, RICARDO
Address: 6355 NW 36 STREET, 2ND FLOOR
City-St-Zip: MIAMI, FL 33166

Title: D ( ) Delete
Name: MORA, JUAN MIGUEL
Address: 6355 NW 36 STREET, 2ND FLOOR
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ISAAC LEE OFF 10/08/2009

Electronic Signature of Signing Officer or Director — Date