

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N15575

FILED  
Oct 14, 2005  
Secretary of State

**Entity Name:** INSTITUTO PATRIOTICO Y DOCENTE SAN CARLOS, INC.

**Current Principal Place of Business:**

516 DUVAL STREET  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

516 DUVAL STREET  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:** 59-2716132

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PENALVER, RAFAEL A. JR.  
1101 BRICKELL AVE #1700  
MIAMI, FL 33131 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: RAFAEL A. PENALVER, JR.

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PENALVER JR., RAFAEL A  
Address: 1101 BRICKELL AVE #1700  
City-St-Zip: MIAMI, FL 33155

Title: VP ( ) Delete  
Name: FARALDO, NORMA  
Address: 1501 17TH TERRACE  
City-St-Zip: KEY WEST, FL 33040

Title: TD ( ) Delete  
Name: DE YURRE, VICTOR  
Address: 800 CAPRI  
City-St-Zip: CORAL GABLES, FL 33134

Title: SD ( ) Delete  
Name: FARALDO, MONICA  
Address: 841 HERON AVENUE  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: VP ( ) Delete  
Name: GARRIDO, JOE  
Address: 516 DUVAL STREET  
City-St-Zip: KEY WEST, FL 33040

**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 for the exemption stated in Section 119.07(3)(i), 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: RAFAEL A. PENALVER, JR.

PD

10/14/2005

Electronic Signature of Signing Officer or Director

Date