## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N05000011586

P.O. BOX 260486

MIAMI, FL 33126

Address: City-St-Zip: FILED Sep 27, 2007 Secretary of State

Entity Name: RAICES DE ESPERANZA INC.				
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
P.O. BOX 260486 MIAMI, FL 33126			11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410	
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
P.O. BOX 2 MIAMI, FL		11380 PROSPERITY PALM BEACH GARD	FARMS ROAD #221E DENS, FL 33410	
	20-3801097 FEI Number Applied For e with s. 607.193(2)(b), F.S., the corporatio Address of Current Registered Ago	n did not receive the prior notice.	Certificate of Status Desired ( )  of New Registered Agent:	
11380 PRO	TE CREATIONS NETWORK INC. SPERITY FARMS RD., STE. 221E CH GARDENS, FL 33410 US			
The above in the State		or the purpose of changing its register	ed office or registered agent, or both,	
SIGNATUR	E: YULIA OGURCHIKOVA, ASST. S	SECRETARY		
	Electronic Signature of Register	ed Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete GORORDO, L. FELICE P.O. BOX 260486 MIAMI, FL 33126	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete CABRERA, DIANE P.O. BOX 260486 MIAMI, FL 33126	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete GRIMAL, NICOLE M. P.O. BOX 260486 MIAMI, FL 33126	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	D () Delete	Title:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: N. GRIMAL, BY Y. OGURCHIKOVA AS ATTY-IN-FACT

D

09/27/2007