

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000008683

FILED
Nov 30, 2009
Secretary of State

Entity Name: CENTRO DE ALABANZA Y RESTAURACION INC.

Current Principal Place of Business:

3600 MC NEIL RD
APOPKA, FL 32703

New Principal Place of Business:

360 NORTH STATE RD 434
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

3600 MC NEIL RD
APOPKA, FL 32703

New Mailing Address:

360 NORTH STATE RD 434
ALTAMONTE SPRING, FL 32714

FEI Number: 72-1589859 **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:

RAMOS, ABNER
3600 MC NEIL RD
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

FRANCISCO, CIRILO
509 SONJA CIRCLE
DAVENPORT, FL 33897 US

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: FRANCISCO CIRILO

11/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAMOS, ABNER
Address: 433 OPAL CT
City-St-Zip: ALTAMONTE SPNG, FL 32714

Title: VD () Delete
Name: RAMOS, YASMIN
Address: 433 OPAL CT
City-St-Zip: ALTAMONTE SPNG, FL 32714

Title: TD () Delete
Name: CANCEL, FERDINAND
Address: 433 OPAL CT
City-St-Zip: ALTAMONTE SPNG, FL 32714

Title: S () Delete
Name: MARTINEZ, YURIDIA
Address: 433 OPAL CT
City-St-Zip: ALTAMONTE SPNG, FL 32714

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: FRANCISCO, CIRILO
Address: 509 SONJA CIRCLE
City-St-Zip: DAVENPORT, FL 33897

Title: S (X) Change () Addition
Name: ACEVEDO, EFRAIN
Address: 1667 TREMONT LANE
City-St-Zip: WINTER PARK, FL 32792

Title: AP () Change (X) Addition
Name: LUIS, POMALES
Address: 312 FEATHER PLACE
City-St-Zip: LONGWOOD, FL 32779

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: LUIS POMALES

AP

11/30/2009

Electronic Signature of Signing Officer or Director

Date