

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Nov 28, 2005
Secretary of State**

DOCUMENT# 740787

Entity Name: DEPORTIVO DE FOMENTO, INC.

Current Principal Place of Business:

P.O. BOX 112195
HIALEAH, FL 330112195 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 112195
HIALEAH, FL 330112195 US

New Mailing Address:

FEI Number: 65-0151779 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:

DELVALLE, AVILIO
1850 W 56TH ST APT #2112
HIALEAH, FL 33012 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: AVILIO DELVALLE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GARCIA, FELIX
Address: 13440 SW 28 ST
City-St-Zip: MIAMI BCH, FL

Title: T () Delete
Name: ARNOLDO, SERAFIN
Address: 3660 W 4TH AVE
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: DELVALLE, AVILIO
Address: 1850 W 56 ST APT 2112
City-St-Zip: HIALEAH, FL

Title: PD () Delete
Name: GONZALEZ, REINERIO
Address: 295 E 36 ST
City-St-Zip: HIALEAH, FL

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:

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: AVILIO DELVALLE

D

11/28/2005

Electronic Signature of Signing Officer or Director

Date