

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 741777

FILED
Oct 18, 2004
Secretary of State**Entity Name:** ALLIANCE FRANCAISE DE MIAMI, INC.**Current Principal Place of Business:**1414 CORAL WAY
MIAMI, FL 33145 US**New Principal Place of Business:****Current Mailing Address:**1414 CORAL WAY
MIAMI, FL 33145 US**New Mailing Address:****FEI Number:** 59-1909547 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**SERGE, PAPIERNIK
7400 KENDALL DRIVE
#203
MIAMI, FL 33156 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: PAPIERNIK, SERGE
Address: 7400 KEDALL DRIVE #203
City-St-Zip: MIAMI, FL 33156**Title:** DVP () Delete
Name: GOLDENBERG, DULCE
Address: 755 NW 29 AVENUE
City-St-Zip: MIAMI, FL 33125**Title:** TR () Delete
Name: SAPIRO, ADRIEN
Address: 1541 BRICKELL AVE
City-St-Zip: MIAMI, FL 33129**Title:** ATR (X) Delete
Name: NOONAN, THJOMAS
Address: 6245 SW 102 STREET
City-St-Zip: MIAMI, FL 33156**Title:** AVPD () Delete
Name: HEYNDELS, RALPH
Address: 2555 COLLINS AVE APT 2411
City-St-Zip: MIAMI, FL 33140**Title:** S () Delete
Name: NETSCH, MAITTE
Address: 235 SW LEJEUNE RD
City-St-Zip: MIAMI, FL 33134**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** TR (X) Change () Addition
Name: NOONAN, THOMAS
Address: 6245 SW 102 STREET
City-St-Zip: MIAMI, FL 33156**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** S (X) Change () Addition
Name: NETSCH, MAITTE
Address: 122 MADEIRA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

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: MAITTE NETSCH

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10/18/2004

Electronic Signature of Signing Officer or Director

Date