


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY -2 AM 9: 24

<b>DOCUMENT # 742056</b> 1. Entity Name MUNICIPIO DE REGLA EN EL EXILIO, INC.					
Principal Place of Business 2742 SW 8 STREET 217 MIAMI, FL 33125 US			Mailing Address PO BOX 652333 APT. #407 OLYMPIA HEIGHT, FL 33265 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>P.O. BOX 221651</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>MIAMI, FL</i>		4. FEI Number 59-7420560	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip <i>33002</i>		Country <i>U.S.</i>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  RAMS, VICTOR HUGO 7380 S.W. 117 TERRACE PINECREST, FL 33156			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
<div style="display: flex; justify-content: space-between;"> <div>           SIGNATURE _____  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="text-align: center;"> <b>400128342774</b>            05/02/08--01042--013 **61.25         </div> <div> <small>(NOTE: Registered Agent signature required when reinstating)</small>  <small>DATE</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, AURELIO G 8960 N.W. 8TH STREET MIAMI, FL 33172 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSQUE, HAYDEE 8801 W FLAGLER ST APT #406 MIAMI, FL 33174 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CANALES, ARIEL 801 W 49TH ST, #225 HIALEAH, FL 33012 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CANALES, ARIEL 1800 W. 49 ST. #218 HIALEAH, FL 33012 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <i>REINSTATEMENT 07-08</i> </div> <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Ariel S. Canales</i> <b>ARIEL S. CANALES Treasurer</b> <b>4-28-08</b> <b>305-821-1076</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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MUNICIPIO DE REGLA EN EL EXILIO, INC.

P.O. BOX 22651  
HIALEAH, FL. 33002

April 30, 2008


Department Of State  
Division Of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

**DOCUMENT #: 742056**

To Whom It May Concern:

This letter is to inform you that we filed our 2007 annual report. Once I contacted the department I was aware that we never received a letter stating that the report was incomplete. Attached you will find a reinstatement form for 2008 along with the \$61.25 for 2008 please credit the \$61.25 which the Department has towards the 2007 report.  
Thank you for your attention.

Sincerely

  
Ariel S. Canales  
Treasurer