2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SIGNATURE.

DOCUMENT #770351 1. Entity Name 2007 NOV 16 AM 10: 39 AMERICAN FRIENDS OF GUATEMALA, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 9200 S DADELAND BLVD, STE 410 9200 S DADELAND BLVD, STE 410 MIAMI, FL 33156 MIAMI, FL 33156 LIS 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc 10192007 REIN-NP CR2E099 (1/07) 4. FEI Number 59-2340011 City & State City & State Applied For Not Applicable Zip Zio Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PAIZ, FERNANDO Street Address (P.O. Box Number is Not Acceptable) 9200 S. DADELAND BLVD. **SUITE 410** MIAMI, FL 33156 City Zip Code for the Jurpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement the obligations of registered agent. Nov. 6, 2007 **SIGNATURE** d agent and title if applicable Make check payable to FILE NOW!!! FEÉ 18 \$236.25 ∮anuary 1, 2008, Fee will be \$297.50 Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 **PSD** TITLE TITLE ☐ Delete PAIZ, FERNANDO (AST.SEC) NAME NAME STREET ADDRESS STREET ADDRESS 9200 S DADELAND BLVD, STE 410 CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP VPD TITLE ☐ Delete TITLE Addition CAMPOLLO, LUIS NAME STREET ADDRESS 9200 \$ DADELAND BLVD, \$T 410 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33156 TD ☐ Delete TITLE ☐ Change ☐ Addition DE OLIVEIRA, CLAUDIA NAME NAME STREET ADDRESS 9200 \$ DADELAND BLVD, STE 410 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP REINSTATEMEN TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 ess, with all other like empowered.

- President Nov6, 2007

FILED

Sonstate Reservance Requester's Name Address City/State/Zip Phone #	arch 5454
	Office Use Only
CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if known):
1. American Fri (Corporation Name)	ents of Gvatemala,
2.	In (
(Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
Walk in Pick up time _	Certified Copy
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/OUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials

CR2E031(7/97)