

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000004258

FILED
Oct 20, 2009
Secretary of State

Entity Name: HIALEAH CONCERNED FAMILIES, CORP.

Current Principal Place of Business:

7840 WEST 4TH LANE
HIALEAH, FL 33014

New Principal Place of Business:

Current Mailing Address:

7840 WEST 4TH LANE
HIALEAH, FL 33014

New Mailing Address:

FEI Number: 65-0353821 **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:

DIAZ, ALBERTO
7840 WEST 4TH LANE
HIALEAH, FL 33014 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: ALBERTO DIAZ

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DIAZ, ALBERTO
Address: 7840 WEST 4TH LANE
City-St-Zip: HIALEAH, FL 33014

Title: VD () Delete
Name: GARCIA, BERNARDO
Address: 3881 EAST 8TH COURT
City-St-Zip: HIALEAH, FL 33014

Title: SD () Delete
Name: DEL CASTILLO, EMMA C
Address: 7994 W. 34 COURT
City-St-Zip: HIALEAH, FL 33018

Title: TD () Delete
Name: DIAZ, IVETTE
Address: 7840 WEST 4TH LANE
City-St-Zip: HIALEAH, FL 33013

Title: VTD () Delete
Name: DIAZ, LETICIA
Address: 60 EAST 42ND STREET
City-St-Zip: HIALEAH, FL 33013

Title: D () Delete
Name: HERNANDEZ, DANIEL
Address: 5855 WEST 3RD LANE
City-St-Zip: HIALEAH, FL 33012

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
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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 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: EMMA DEL CASTILLO

SD

10/20/2009

Electronic Signature of Signing Officer or Director

Date