
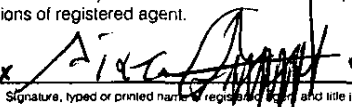
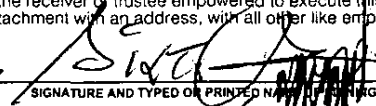


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N00000004739</b> 1. Entity Name <b>CENTRO DE PREVENCION Y EDUCACION CORAZONES UNIDOS H.I.V/SIDA, INC.</b>					
Principal Place of Business <b>1600 SW 22ND ST MIAMI, FL 33145</b>		Mailing Address <b>1600 SW 22ND ST MIAMI, FL 33145</b>			
2. Principal Place of Business - No P.O. Box # <b>1325 W. 68th St</b> Suite, Apt. #, etc. <b>Stc: 512</b> City & State <b>Hialeah, Florida</b> Zip <b>33014</b>		3. Mailing Address <b>1325 W. 68th St</b> Suite, Apt. #, etc. <b>Stc: 512</b> City & State <b>Hialeah, Florida</b> Zip <b>33014</b>		<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em; font-weight: bold; transform: rotate(-5deg);">07 FEB 19 AM 8:49</div> <div style="font-size: 0.8em; font-weight: bold; transform: rotate(-5deg);">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">REINSTATEMENT</div> <div style="font-size: 1.5em; font-weight: bold; transform: rotate(-5deg);">06-07</div> <div style="font-size: 1.5em; font-weight: bold; transform: rotate(-5deg);">90</div> <div style="font-size: 0.8em; font-weight: bold; transform: rotate(-5deg);">62132007 REIN-NP CR2E099 (1/07)</div> <div style="font-size: 0.8em; font-weight: bold; transform: rotate(-5deg);">Applied For Not Applicable</div> <div style="font-size: 0.8em; font-weight: bold; transform: rotate(-5deg);">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</div>	
6. Name and Address of Current Registered Agent <b>ACEVEDO, SIXTO R 1600 SW 22ND STREET MIAMI, FL 33145</b>				7. Name and Address of New Registered Agent Name <b>Sixto R. Acevedo</b> Street Address (P.O. Box Number is Not Applicable) <b>1325 W. 68th St Stc: 512</b> City <b>Hialeah</b> <b>FL</b> Zip Code <b>33014</b>	
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.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>02-13-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<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>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV ACEVEDO, SIXTO R 1600 SW 22ND STREET MIAMI, FL 33145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Sixto R. Acevedo 1325 W. 68th Street #512 Hialeah, FL 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACEVEDO, JULIA 1600 SW 22ND ST MIAMI, FL 33145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Julia Acevedo 1325 W. 68th Street #512 Hialeah, FL 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>				DATE <b>02-13-07</b> (305) 820-0747 <small>Date Daytime Phone #</small>	