2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 18, 2007
Secretary of State

DOCUMENT# N00000004780

Entity Name: CENTRO EVENCELISTICO EL FARO, INC.

Current Principal Place of Business:

8040 NW 170 TERRACE
HIALEAH, FL 33015

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 172785
HIALEAH, FL 330172786

New Mailing Address:

8040 NW 170 TERRACE
HIALEAH, FL 33015

FEI Number: 65-1025444 **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:

GONZALEZ, DELIA
8040 NW 170 TERRACE
MIAMI, FL 33015 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: DELIA GONZALEZ
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GONZALEZ, DELIA
Address: 8040 NW 170 TERR
City-St-Zip: HIALEAH, FL 33015

Title: D ( ) Delete
Name: GARCIA, DAISY
Address: 8040 NW 170 TERR
City-St-Zip: HIALEAH, FL 33015

Title: SD ( ) Delete
Name: WOLAN, RUTH
Address: 8040 NW 170 TERR
City-St-Zip: HIALEAH, FL 33015

Title: TD ( ) Delete
Name: MEZA, MARIA G
Address: 8040 NW 170 TERR
City-St-Zip: HIALEAH, FL 33015

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
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: DELIA GONZALEZ PRES 10/18/2007
Electronic Signature of Signing Officer or Director — Date