

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000006652

FILED  
Sep 26, 2006  
Secretary of State

Entity Name: VICTOR MANUEL CENTER, INC.

## Current Principal Place of Business:

10716 S.W. 24 STREET  
MIAMI, FL 33165

## New Principal Place of Business:

## Current Mailing Address:

10716 S.W. 24 STREET  
MIAMI, FL 33165

## New Mailing Address:

FEI Number: 65-1045560

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HIDALGO, GISELA  
1100 S.W. 126 PLACE  
MIAMI, FL 33184 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: GISELA HIDALGO

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: ED ( ) Delete  
Name: HIDALGO, GISELA  
Address: 1100 S.W. 126 PLACE  
City-St-Zip: MIAMI, FL 33184

Title: PD ( ) Delete  
Name: MESA, JORGE  
Address: 9970 S.W. 132 STREET  
City-St-Zip: MIAMI, FL 33176

Title: T ( ) Delete  
Name: MESA, MARIA  
Address: 9970 S.W. 132 STREET  
City-St-Zip: MIAMI, FL 33176

Title: S ( ) Delete  
Name: DOLGICER, SASHA  
Address: 1100 S.W. 126 PLACE  
City-St-Zip: MIAMI, FL 33184

## 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 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: JORGE MESA

PD

09/26/2006

Electronic Signature of Signing Officer or Director

Date