

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000007879

**FILED**  
**Oct 16, 2008**  
**Secretary of State**

**Entity Name:** DESFILE PUERTORIQUEÑO DE FLORIDA, INC.

**Current Principal Place of Business:**

1232 SOPHIE BLVD  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 5372  
WINTER PARK, FL 32793

**New Mailing Address:**

**FEI Number:** 59-3756745      **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:**

**Name and Address of New Registered Agent:**

ZAPATA, MILDRED  
1232 SOPHIE BLVD  
ORLANDO, FL 32828      US

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:** MILDRED ZAPATA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D      ( ) Delete  
**Name:** ZAPATA, MILDRED  
**Address:** PO BOX 5372  
**City-St-Zip:** WINTER PARK, FL 32793

**Title:** D      ( ) Delete  
**Name:** CALO, DIANE M  
**Address:** PO BOX 4833  
**City-St-Zip:** WINTER PARK, FL 32793

**Title:** D      ( ) Delete  
**Name:** SANCHEZ, GONZALO  
**Address:** 5462 HOFFNER AVE STE 501  
**City-St-Zip:** ORLANDO, FL 32812

**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:**

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:** MILDRED ZAPATA

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10/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date