

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000000583

FILED
Oct 28, 2009
Secretary of State

Entity Name: F.E.D.E.E. FILIAL MIAMI, CORP.

Current Principal Place of Business:

17320 SW 296 ST
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

17320 SW 296 ST
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
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:

AGUIRRE, LUIS DV
17320 SW 296 ST
HOMESTEAD, FL 33030 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: LUIS AGUIRRE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LANGE, CARLOS R.
Address: 4794 SW 14 PL.
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: DV () Delete
Name: AGUIRRE, LUIS
Address: 17320 SW 296 ST.
City-St-Zip: HOMESTEAD, FL 33030

Title: TD () Delete
Name: DELGADO, WITHER
Address: 40NW 87TH AVE
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: AGUIRRE, LUIS
Address: 17320 SW 296TH ST
City-St-Zip: HOMESTEAD, FL 33030

Title: VICE (X) Change () Addition
Name: BURBANO, MARIA
Address: 6925 W 16TH AVE. APT#221
City-St-Zip: HIALEAH, FL 33014

Title: TRES (X) Change () Addition
Name: ALVAREZ, ANA
Address: 4515 SW 155 COURT
City-St-Zip: MIAMI, FL 33178

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: LUIS AGUIRRE

PRES

10/28/2009

Electronic Signature of Signing Officer or Director

Date