

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N02000004333

**FILED**  
**Oct 20, 2004**  
**Secretary of State****Entity Name:** CENTRO DE FE, INC.**Current Principal Place of Business:**101 W CYPRESS ST  
SUITE N  
KISSIMMEE, FL 34741**New Principal Place of Business:**1485 MILL SLOUGH ROAD  
KISSIMMEE, FL 34744**Current Mailing Address:**101 W CYPRESS ST  
SUITE N  
KISSIMMEE, FL 34741**New Mailing Address:**P.O.BOX 772301  
ORLANDO, FL 32877**FEI Number:** 01-0685211      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **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:**PERDOMO, ERIC  
2423 TIMOTHY LN  
KISSIMMEE, FL 34743      US**Name and Address of New Registered Agent:**PERDOMO, ERIC  
P.O.BOX 772301  
ORLANDO, FL 32877      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: ARLENE PERDOMO

10/20/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** P      ( ) Delete  
**Name:** PERDOMO, ERIC  
**Address:** PO BOX 772301  
**City-St-Zip:** ORLANDO, FL 32877**Title:** VP      ( ) Delete  
**Name:** PERDOMO, ARLENE  
**Address:** PO BOX 772301  
**City-St-Zip:** ORLANDO, FL 32877**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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 Section 119.07(3)(i), 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: ARLENE PERDOMO

VP

10/20/2004

Electronic Signature of Signing Officer or Director

Date