2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# N02000005463

Entity Name: MONSIGNOR FEDERICO ARGUELLO FOUNDATION, INC.

Current Principal Place of Business:

C/O SEIPP, FLICK & KISSANE, P.A.
TWO ALHAMBRA PLAZA, SUITE 800
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

C/O SEIPP, FLICK & KISSANE, P.A.
TWO ALHAMBRA PLAZA, SUITE 800
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 73-1651792 **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:

KELLY, ANDREAS M
SEIPP, FLICK & KISSANE, P.A.
TWO ALHAMBRA PLAZA, SUITE 800
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

KELLY, ANDREAS M ESQ.
SEIPP, FLICK & KISSANE, P.A.
TWO ALHAMBRA PLAZA, SUITE 800
CORAL GABLES, FL 33134 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: ANDREAS M. KELLY 04/19/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ARGUELLO, MNSGR FEDERICO
Address: TWO ALHAMBRA PLAZA, SUITE 800
City-St-Zip: CORAL GABLES, FL 33134

Title: DV ( ) Delete
Name: PEREZ ABAUNZA, SANTIAGO
Address: TWO ALHAMBRA PLAZA, SUITE 800
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: CARSON, DOROTHY
Address: 17 DUKE STREET
City-St-Zip: LAKE WORTH, FL 33460

Title: DT ( ) Delete
Name: PORTA, ZENOBIA
Address: TWO ALHAMBRA PLAZA, SUITE 800
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: KELLY, ANDREAS M ESQ.
Address: TWO ALHAMBRA PLAZA, SUITE 800
City-St-Zip: CORAL GABLES, FL 33134

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:

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: ANDREAS M. KELLY D 04/19/2007
Electronic Signature of Signing Officer or Director Date