2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000006984

Entity Name: HATO MAYOR CHARITY FOUNDATION S.D., INC.

FILED Nov 12, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

16274 SW 9TH ST 15978 SW 3 STREET

PEMBROKE PINES, FL 33027 PEMBROKE PINES, FL 33027 US

Current Mailing Address: New Mailing Address:

16274 SW 9TH ST 15978 SW 3 STREET

PEMBROKE PINES, FL 33027 PEMBROKE PINES, FL 33027 US

FEI Number: 54-2071456 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:

POLONIO, SERVIO F POLONIO, SERVIO F 16274 SW 9TH ST POLONIO, SERVIO F 15978 SW 3 STREET

PEMBROKE PINES, FL 33027 US PEMBROKE PINES, FL 33027 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: SERVIO F. POLONIO 11/12/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: D (X) Change () Addition

 Name:
 POLONIO, SERVIO F
 Name:
 POLONIO, SERVIO F

 Address:
 16274 SW 9TH ST
 Address:
 15978 SW 3 STREET

City-St-Zip: PEMBROKE PINES, FL 33027 City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: D () Delete Title: D (X) Change () Addition Name: POLONIO, RAMONA Name: POLONIO, RAMONA

Address: 16274 SW 9TH ST Address: 15978 SW 3 STREET

City-St-Zip: PEMBROKE PINES, FL 33027 City-St-Zip: PEMBROKE PINES, FL 33027 US

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name:POLONIO, CARLOS FName:LAUREANO, MANUEL AAddress:970 ORILE AVEAddress:15310 NW 7 STREETCity-St-Zip:M. SPRING, FL 33166City-St-Zip:HOLLYWOOD, FL 33028 US

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: SERVIO F. POLONIO D 11/12/2004