

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000008386

FILED
Nov 15, 2004
Secretary of State**Entity Name:** LATIN CHAMBER OF COMMERCE TREASURE COAST, INC.**Current Principal Place of Business:**7818 NW 17 PLACE
PEMBROKE PINES, FL 33024**New Principal Place of Business:**2387 S US 1
FORT PIERCE, FL 34982**Current Mailing Address:**7818 NW 17 PLACE
PEMBROKE PINES, FL 33024**New Mailing Address:**P.O. BOX 9526
PORT SAINT LUCIE, FL 34985**FEI Number:** 65-1216593 **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:**LOPEZ, JOSE
7818 NW 17 PLACE
PEMBROKE PINES, FL 33024 US**Name and Address of New Registered Agent:**RODRIGUEZ, LILLIAN
P.O. BOX 9526
PORT SAINT LUCIE, FL 34985 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: LILLIAN RODRIGUEZ

11/15/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: LOPEZ, JOSE
Address: 7818 NW 17 PLACE
City-St-Zip: PEMBROKE PINES, FL 33024**Title:** D () Delete
Name: RODRIGUEZ, BOBBY
Address: 7818 NW 17 PLACE
City-St-Zip: PEMBROKE PINES, FL 33024**Title:** D () Delete
Name: RIVERA, LYMAR
Address: 7818 NW 17 PLACE
City-St-Zip: PEMBROKE PINES, FL 33024**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: RODRIGUEZ, LILLIAN
Address: P.O. BOX 9526
City-St-Zip: PORT SAINT LUCIE, FL 34985**Title:** D (X) Change () Addition
Name: RODRIGUEZ, BOBBY
Address: P.O. BOX 9526
City-St-Zip: PORT SAINT LUCIE, FL 34985**Title:** D (X) Change () Addition
Name: FUNCKE, ROLAND
Address: P.O. BOX 9526
City-St-Zip: PORT SAINT LUCIE, FL 34985

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: LILLIAN RODRIGUEZ

P

11/15/2004

Electronic Signature of Signing Officer or Director

Date