

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

DOCUMENT# N03000008476

**FILED**  
**Oct 21, 2004**  
**Secretary of State****Entity Name:** RINCONSITO FOUNDATION, INC.**Current Principal Place of Business:**1615 SW 8 STREET  
MIAMI, FL 33135**New Principal Place of Business:****Current Mailing Address:**1615 SW 8 STREET  
MIAMI, FL 33135**New Mailing Address:****FEI Number:** 30-0216264      **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:**PEREZ, ESTRELLA  
4481 SW 1 STREET  
CORAL GABLES, FL 33134      US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD      ( ) Delete  
**Name:** PEREZ, ESTRELLA  
**Address:** 4481 SW 1ST ST  
**City-St-Zip:** CORAL GABLES, FL 33134**Title:** VD      ( ) Delete  
**Name:** PEREZ, ROBERTO J  
**Address:** 4481 SW 1ST ST  
**City-St-Zip:** CORAL GABLES, FL 33134**Title:** TD      ( ) Delete  
**Name:** RUIZ, LIDIA C  
**Address:** 6511 SW 36 STREET  
**City-St-Zip:** MIAMI, FL 33155**Title:** SD      ( ) Delete  
**Name:** PEREZ, RAINER  
**Address:** 2548 W 73 PLACE  
**City-St-Zip:** HIALEAH, FL 33016**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** VD      (X) Change ( ) Addition  
**Name:** MORALES, ROBERTO J  
**Address:** 4481 SW 1ST ST  
**City-St-Zip:** CORAL GABLES, FL 33134**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: ESTRELLA PEREZ

PD

10/21/2004

Electronic Signature of Signing Officer or Director

Date