

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03512

FILED
Nov 17, 2008
Secretary of State

Entity Name: FRIENDS OF GUSMAN CENTER, INC.

Current Principal Place of Business:

174 EAST FLAGLER ST.
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

25 S.E. 2ND AVENUE
415
MIAMI, FL 33131

New Mailing Address:

174 EAST FLAGLER ST.
MIAMI, FL 33131

FEI Number: 59-2455510 **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:

COX, KENO
25 S.E. 2ND AVE
415
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

COX, KENO
174 EAST FLAGLER ST.
MIAMI, FL 33131 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: KENO COX

11/17/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LAKE, MARGARET
Address: 174 E. FLAGLER STREET
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: COX, KENO
Address: 174 E. FLAGLER STREET
City-St-Zip: MIAMI, FL 33131

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: COX, KENO
Address: 174 E. FLAGLER STREET
City-St-Zip: MIAMI, FL 33131

Title: PD () Change (X) Addition
Name: BLET, MARIA
Address: 174 E. FLAGLER STREET
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify 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: KENO COX

TD

11/17/2008

Electronic Signature of Signing Officer or Director

Date