## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N04000001337

8567 CORAL WAY

MIAMI, FL 33155

Address:

City-St-Zip:

Entity Name: THE SPIRIT OF AMERICA FOLINDATION, INC.

FILED Jan 07, 2009 Secretary of State

,	THE GLINN OF AMERICAN CONDAINS	14, 1140.		
Current Principal Place of Business:		New Principal Pl	New Principal Place of Business:	
2500 NW 79 AVE., #162 DORAL, FL 33122		12355 SW 129 CC SUITE 14 MIAMI, FL 33186		
Current M	ailing Address:	New Mailing Add	New Mailing Address:	
8567 CORAL WAY MIAMI, FL 33155		8567 CORAL WA` SUITE 321 MIAMI, FL 33155		
In accordance	20-0722643 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did no	•	,	
Name and	Address of Current Registered Agent:	Name and Addre	ss of New Registered Agent:	
AB CONSULTING & ACCOUNTING SERVICES, INC. 1428 NE 163RD ST. NORTH MIAMI BEACH, FL 33162 US		DEL VALLE, NYDI 8567 CORAL WA` SUITE 321 MIAMI, FL 33155	<b>Y</b>	
	named entity submits this statement for the performance of Florida.	urpose of changing its regis	tered office or registered agent, or both,	
SIGNATURE: NYDIA DEL VALLE			01/07/2009	
	Electronic Signature of Registered Age	nt	Date	
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHA	NGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD ( ) Delete DEL VALLE, NYDIA 8567 CORAL WAY MIAMI, FL 33155	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD ( ) Delete BORGHESE, MARIA C 8567 CORAL WAY MIAMI, FL 33155	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD ( ) Delete MARTINEZ, OLGA C 8567 CORAL WAY MIAMI, FL 33155	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CSD ( ) Delete THELUSMA, LEONCE F 8567 CORAL WAY MIAMI, FL 33155	Address: 8567 C	(X) Change()Addition NOSA, MAIRAN S ORAL WAY FL 33155	
Title: Name:	VCD ( ) Delete	Title: CD Name JEAN-F	(X) Change ( ) Addition	

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.

Address:

City-St-Zip:

8567 CORAL WAY

MIAMI, FL 33155

SIGNATURE: NYDIA DEL VALLE PD 01/07/2009