

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Feb 14, 2006
Secretary of State**

DOCUMENT# N04000008134

Entity Name: PARTIDO REFORMISTA SOCIAL CRISTIANO, FILIAL DE LA FLORIDA, INC.

Current Principal Place of Business:

1590 NW 36TH ST.
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

1590 NW 36TH ST.
MIAMI, FL 33142

New Mailing Address:

FEI Number: 20-2223259 **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:

SANCHEZ, CARLOS
1590 NW 36TH ST.
MIAMI, FL 33142 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: CARLOS SANCHEZ

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GONZALEZ, ANGEL M
Address: 489 NW 84TH LANE
City-St-Zip: MIAMI, FL 33150

Title: V () Delete
Name: MATEO, JULIO
Address: 2047 NW 28TH ST.
City-St-Zip: MIAMI, FL 33142

Title: V () Delete
Name: RAMOS, MATEO E
Address: 1540 NE 182ND ST.
City-St-Zip: MIAMI, FL 33162

Title: S () Delete
Name: SANCHEZ, CARLOS A
Address: 8290 LAKE DR., #314
City-St-Zip: MIAMI, FL 33160

Title: T () Delete
Name: SANTANA, CORNELIO
Address: 6675 W. 26TH CT. #12
City-St-Zip: MIAMI, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: RAMOS, MATEO E
Address: 1540 NE 182ND ST.
City-St-Zip: MIAMI, FL 33162

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 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: ANGEL GONNZALEZ

Electronic Signature of Signing Officer or Director

P

02/14/2006

Date