2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000008293

Entity Name: CDC FOUNDATION, INC.

FILED Sep 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

18940 NW 14TH AVENUE 57 NE 187TH ST

MIAMI GARDENS, FL 33169 MIAMI GARDENS, FL 33179

Current Mailing Address: New Mailing Address:

18940 NW 14TH AVENUE 57 NE 187TH ST

MIAMI GARDENS, FL 33169 MIAMI GARDENS, FL 33179

FEI Number: 13-4286438 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAGGO, FRANCIS
RAGGO, FRANCIS
18940 N W 14TH AVENUE

RAGGO, FRANCIS
57 NE 187TH ST

MIAMI GARDENS, FL 33169 US MIAMI GARDENS, FL 33179 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: FRANCIS RAGOO 09/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: D () Delete Title: D (X) Change () Addition

 Name:
 DECRUISE, CARL
 Name:
 DECRUISE, CARL

 Address:
 18940 NW 14TH AVENUE
 Address:
 57 NE 187TH ST

City-St-Zip: MIAMI GARDENS, FL 33169 City-St-Zip: MIAMI GARDENS, FL 33179

Title: D () Delete Title: D (X) Change () Addition Name: RAGOO, FRANCIS Name: RAGOO, FRANCIS

Address: 18940 NW 14TH AVENUE Address: 57 NE 187TH ST

City-St-Zip: MIAMI GARDENS, FL 33169 City-St-Zip: MIAMI GARDENS, FL 33179

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 BECKLES, INGRID
 Name:
 BECKLES, INGRID

 Address:
 18940 NW 14TH AVENUE
 Address:
 57 NE 187TH ST

City-St-Zip: MIAMI GARDENS, FL 33169 City-St-Zip: MIAMI GARDENS, FL 33179

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: FRANCIS RAGOO D 09/29/2009