

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000011496

**FILED**  
**Oct 11, 2005**  
**Secretary of State**

**Entity Name:** FUNDACION ROCKINCHA "LOS NINOS DE LA LUZ", INC.

**Current Principal Place of Business:**

2445 NW 14TH ST.  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

2445 NW 14TH ST.  
MIAMI, FL 33125

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

LUIS, MARIA M  
2445 NW 14TH ST.  
MIAMI, FL 33125 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: MARIA M. LUIS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LUIS, MARIA M  
Address: 2445 NW 14TH ST.  
City-St-Zip: MIAMI, FL 33125

Title: DV ( ) Delete  
Name: VALDES, LINAKA  
Address: 838 NW 134TH AVE.  
City-St-Zip: MIAMI, FL 33182

Title: TD ( ) Delete  
Name: CASTANEDAS, CLOTILDE  
Address: 1601 BAY RD. #2  
City-St-Zip: MIAMI BCH, FL 33139

Title: SD ( ) Delete  
Name: PENA, MARTA  
Address: 3448 SW 24TH ST.  
City-St-Zip: MIAMI, FL 33145

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: MARIA M. LUIS

PD

10/11/2005

Electronic Signature of Signing Officer or Director

Date