2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

TILED DOCUMENT # N05000004572 THE CEIBA PROJECT CENTRO DE ESTUDIOS SOBRE 07 AUG -9 PM 1:28 DENTIDAD Y BICULTURALIDAD AFRICANO-CUBANA, TALLAHASSEE, FLORIDA 0,2 Principal Place of Business Mailing Address 8500 SW 8TH STREET STE 266 8500 SW 8TH STREET STE 266 MIAMI, FL 33144 MIAMI, FL 33144 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1000 Ponce de Leon Blvd. Suite Apt. #, etc. 302 1000 Ponce de Leon Blvd Suite Apt. #, etc 08082007 REIN-NP CR2E099 (1/07) Applied For City & State City & State 4 FFI Number Coral Gables, FI Coral Gables, FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 冈 USA USA Fee Required 33134 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FUENTAS, ILEANA 8500 SW 8TH STREET STE 266 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33144 City Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Make check payable to FILE NOW!!! FEE IS \$297.50 Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DP TITLE ☐ Delete TITLE Change ■ Addition 5900 SW 58 Terrace BENEMELIS, JUAN NAME NAME STREET ADDRESS 8751 SW 54 ST STREET ADDRESS Miami, FL 33143 (21Y-ST-7P MIAMI, FL 33165 CITY-ST-7P DS TITLE Delete TITLE П Спалое Addition NAME ROSADO, JESUS R NAME 6145 SW 29 ST STREET ADORESS STREET ADDRESS CITY-ST-7/P MIAMI, FL 33155 CITY-ST-ZIP ☐ Delete TITLE TITLE Change **Addition** DS NAME NAME Ivan Cesar Martinez STREET ADDRESS STREET ADORESS 8 Wellington Drive Apt. 11 CITY-ST-ZIP CITY-ST-ZIP Kingston 6: Jamaica TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CCV.ST.ZE TITLE T ☐ Change ☐ Addition EMENTO6-07 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. Juan F. Benemelis 08/08/07 305-662-5773 **SIGNATURE** R OR DERECTOR Oune Daytime Phone

DEPARTMENT OF STATE DIVISION OF CORPORATION

20/8

Re: Socoment No. 050000004572

To whom it may conconn.

I, Juan F. Benomalis, prosiderent of The Caibe Inspect,
I'm writing This letter to ask you to accept my payment
for the 2006 annual report of The above mentioned
comporation.

The reason of the delay is that I nover received the report and since it is The first time I am in a corporation I did not know I was supposed to pend it before May 1st. I just found out about it.

Hease accept my spology and my payment.

Sincerely.

Quan 7-Bonomelis