

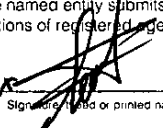
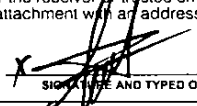


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N05000010797</b> 1. Entity Name <b>ACERCAMIENTO FRATERNAL ORLANDO GUTIERREZ QUESADA, INC.</b>						06 OCT 26 AM 11:05  <b>REINSTATEMENT 06</b> 			
Principal Place of Business <b>221 NW 22 AVE MIAMI, FL 33125</b>				Mailing Address <b>221 NW 22 AVE MIAMI, FL 33125</b>					
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.					
City & State				City & State					
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent  <b>QUINTERO, CARLOS 221 NW 22 AVE MIAMI, FL 33125</b>				7. Name and Address of New Registered Agent Name <b>Carlos Quintero</b> Street Address (P.O. Box Number is Not Acceptable) <b>6292 NW 186 St # 112</b> City <b>MIAMI</b> FL Zip Code <b>33015</b>					
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  <small>Signature of and or printed name of registered agent and title if applicable</small>				(NOTE: Registered Agent signature required when reinstating) DATE <b>10/23/06</b>					
<b>FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUINTERO, CARLOS 1742 CURTISS DR HIALEAH, FL 33010			TITLE NAME STREET ADDRESS CITY-ST-ZIP	400081254664 10/26/06--01038--011 **\$61.25				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEREZ, JOSE J 9830 NW 30 CT MIAMI, FL 33147			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODRIGUEZ, LAZARO 3155 SW 14 STREET MIAMI, FL 33145			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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.									
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>10/23/06</b> <small>Date</small>				Daytime Phone # <small>Daytime Phone #</small>	