

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000011618

**FILED**  
**Oct 06, 2006**  
**Secretary of State**

**Entity Name:** SOULFRITO ARTS FOUNDATION, INC.

**Current Principal Place of Business:**

555 NE 15 STREET 2ND FL SUITE 2B  
MIAMI, FL 33132

**New Principal Place of Business:**

**Current Mailing Address:**

555 NE 15 STREET 2ND FL SUITE 2B  
MIAMI, FL 33132

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

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

GILES, MELISSA  
555 NE 15 STREET 2ND FL SUITE 2B  
MIAMI, FL 33132 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: MELISSA GILES

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GILES, MELISSA  
Address: 555 NE 15 STREET 2ND FL SUITE 2B  
City-St-Zip: MIAMI, FL 33132

Title: D ( ) Delete  
Name: ARROYO, JUAN  
Address: 7601 RIVIERA BLVD  
City-St-Zip: MIRAMAR, FL 33023

Title: D ( ) Delete  
Name: HARRIS, GLENN  
Address: 5201 BLUE LAGOON DRIVE SUITE 620  
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete  
Name: HERNANDEZ, TONY  
Address: 2100 CORAL WAY SUITE 126  
City-St-Zip: MIAMI, FL 33145

Title: D ( ) Delete  
Name: COLON, PHIL  
Address: 611 BROADWAY SUITE 418  
City-St-Zip: NEW YORK, NY 10012

Title: D ( ) Delete  
Name: GILES, DAVID  
Address: 1717 N BAYSHORE DRIVE #4047  
City-St-Zip: MIAMI, FL 33132

**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:

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: MELISSA GILES

MS

10/06/2006

Electronic Signature of Signing Officer or Director

Date