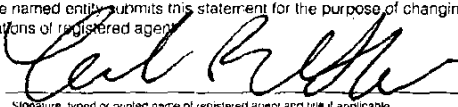
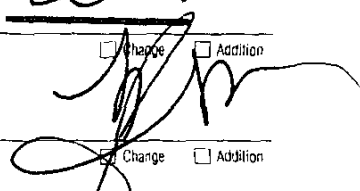
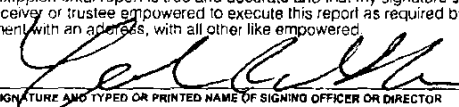


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000002303 1. Entity Name LATIN AMERICA FEDERATION OF RURAL WOMEN FLAMUR, INC.				FILED 07 DEC -5 PM 4:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2610 SW 33 AVE MIAMI, FL 33133 US		Mailing Address 2610 SW 33 AVE MIAMI, FL 33133 US			
2. Principal Place of Business - No P.O. Box # 18127 NW 61 PL Suite, Apt. #, etc.		3. Mailing Address 18127 NW 61 PL Suite, Apt. #, etc.			
City & State Miami FL		City & State Miami FL			
Zip 33015		Zip 33015			
4. FEI Number		12052007 REIN-NP		CR2E099 (1/07)	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required		☒ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HIDALGO, MAGDELIVIA 2610 SW 33 AVE MIAMI, FL 33133			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 18127 NW 61 PL City Miami FL Zip Code 33015		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. MARTINEZ, ORALIS 2580 SW 27 AVE MIAMI, FL 33133	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAGDELIVIA HIDALGO 18127 NW 61 PL MIAMI FL 33015 Director	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR RUIZ, CAMILA 9024 W FLAGLER ST # 5 MIAMI, FL 33174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2007	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR RUIZ, VICTORIA 1425 SW 27 AVE MIAMI, FL 33145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/12/07 0061 009 122.50	☐ Change ☐ 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #