2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Dec 03, 2007
Secretary of State

DOCUMENT# N06000010468

Entity Name: PATRONATO INCA CGIL-USA, INC.

Current Principal Place of Business:

944 COUNTRY CLUB BLVD.
CAPE CORAL, FL

New Principal Place of Business:

944 COUNTRY CLUB BLVD.
CAPE CORAL, FL 33990

Current Mailing Address:

944 COUNTRY CLUB BLVD.
CAPE CORAL, FL

New Mailing Address:

606 SUNRISE HIGHWAY
WEST BABYLON, NY 11704

FEI Number: 14-1990650 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

MCKINNEY, CESARINA
2305 SE 18TH AVENUE
CAPE CORAL, FL 33990 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: CESARINA MCKINNEY
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DE GENNARO, JOHN
Address: 606 SUNRISE HIGHWAY
City-St-Zip: WEST BABYLON, NY 11704

Title: D (X) Delete
Name: FLECKER, GABRIELLA
Address: 606 SUNRISE HIGHWAY
City-St-Zip: WEST BABYLON, NY 11704

Title: D (X) Delete
Name: MORO, EMILIA
Address: 606 SUNRISE HIGHWAY
City-St-Zip: WEST BABYLON, NY 11704

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:

I hereby certify that the information supplied with this filing does not qualify 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: NESTOR CHOPIN CPA 12/03/2007
Electronic Signature of Signing Officer or Director — Date