2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 21, 2008
Secretary of State

DOCUMENT# N06000010506

Entity Name: SUENOS SIN FRONTERAS PRIVATE FOUNDATION, INC.

Current Principal Place of Business:

6039 COLLINS AVE., SUITE 1734
MIAMI BCH, FL 33140

New Principal Place of Business:

Current Mailing Address:

6039 COLLINS AVE., SUITE 1734
MIAMI BCH, FL 33140

New Mailing Address:

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

PULECIO, NANCY
6039 COLLINS AVE., SUITE 1734
MIAMI BCH, FL 33140 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: NANCY PULECIO
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PULECIO, NANCY
Address: 6039 COLLINS AVE., SUITE 1734
City-St-Zip: MIAMI BCH, FL 33140

Title: VD ( ) Delete
Name: DUENAS, FRANCISCO
Address: 6039 COLLINS AVE., SUITE 1734
City-St-Zip: MIAMI BCH, FL 33140

Title: C ( ) Delete
Name: SIERRA, ALEXANDRA
Address: 6039 COLLINS AVE., SUITE 1734
City-St-Zip: MIAMI BCH, FL 33140

Title: TD ( ) Delete
Name: SOLIS, MARIA
Address: 6039 COLLINS AVE., SUITE 1734
City-St-Zip: MIAMI BCH, FL 33140

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:

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: NANCY PULECIO P/D 10/21/2008
Electronic Signature of Signing Officer or Director — Date