2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 13, 2009
Secretary of State

DOCUMENT# N07000003960

Entity Name: LATIN AMERICAN FOUNDATION FOR DEMOCRACY, CORP.

Current Principal Place of Business:

2450 NE MIAMI GARDENS DR.
SECOND FLOOR
NORTH MIAMI BEACH, FL 33180

New Principal Place of Business:

Current Mailing Address:

1835 NE MIAMI GARDENS DR.
242
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: 01-0898567 **FEI Number Applied For ( )** **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:

BW&T BUSINESS ADVISERS, INC.
9050 PINES BLVD.,
450
PEMBROKE PINES, FL 33024 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: NAYARIT BRICENO

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FINCHELTUB, NOEL
Address: 2450 NE MIAMI GARDENS DR., 2ND FLOOR
City-St-Zip: NORTH MIAMI BEACH, FL 33180

Title: VP ( ) Delete
Name: BOORD, LEONARD
Address: 2450 NE MIAMI GARDENS DR. 2ND FLOOR
City-St-Zip: NORTH MIAMI BEACH, FL 33180

Title: TD ( ) Delete
Name: DOHNERT, MONICA
Address: 2450 NE MIAMI GARDENS DR., 2ND FLOOR
City-St-Zip: NORTH MIAMI BEACH, FL 33180

Title: SD ( ) Delete
Name: KRIGSFIELD, ALAN
Address: 2450 NE MIAMI GARDENS DR.
City-St-Zip: NORTH MIAMI BEACH, FL 33180

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: NOEL FINCHELTUB P 10/13/2009

Electronic Signature of Signing Officer or Director — Date