

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000008392

**FILED**  
**Oct 05, 2009**  
**Secretary of State**

**Entity Name:** THE FOUNDATION FOR A BREASTFEEDING CULTURE INC

**Current Principal Place of Business:**

19751 SW 84TH AVE  
MIAMI, FL 33189

**New Principal Place of Business:**

**Current Mailing Address:**

19751 SW 84TH AVE  
MIAMI, FL 33189

**New Mailing Address:**

**FEI Number:** 26-0825395      **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:**

RAY, LEONA J  
4321 NW 7TH STREET  
PLANTATION, FL 33317      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: LEONA RAY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROMAN, MIREYA P  
Address: 8830 SW 123 CT APT I-402  
City-St-Zip: MIAMI, FL 33186

Title: V ( ) Delete  
Name: AGOSTINHO, HEIDI C  
Address: 19751 SW 84TH AVE  
City-St-Zip: MIAMI, FL 33189

Title: T ( ) Delete  
Name: ROIG-ROMERO, REGINA  
Address: 2841 SW 102 LANE  
City-St-Zip: MIAMI, FL 33156

Title: S (X) Delete  
Name: MUNOZ, SARAH V  
Address: 20703 SW 103RD AVE  
City-St-Zip: MIAMI, FL 33189

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: AGOSTINHO, HEIDI C  
Address: 19751 SW 84 AVENUE  
City-St-Zip: MIAMI, FL 33189

Title: V (X) Change ( ) Addition  
Name: MUNOZ, SARAH V  
Address: 20703 SW 103 AVENUE  
City-St-Zip: MIAMI, FL 33189

Title: T (X) Change ( ) Addition  
Name: CUADROS, BRIGITTA  
Address: 226 NW 93 STREET  
City-St-Zip: MIAMI, FL 33156

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: HEIDI AGOSTINHO

P

10/05/2009

Electronic Signature of Signing Officer or Director

Date