2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000008900

FILED Oct 24, 2008 Secretary of State

Entity Name: FRIENDLY HAND USA NGO CORP.

urrent P	rincipal Place	of Business:	New Prince	ipal Place of Business:
393 SW ⁻	1 STREET			
IIAMI, FL	33135			
urrent N	lailing Address	s:	New Maili	ng Address:
	1 STREET			
40 IAMI, FL	33135			
	: 26-0871825 ce with s. 607.193	FEI Number Applied For() (2)(b), F.S., the corporation did no	FEI Number Not App of receive the prior notice	
ame and	Address of Cu	urrent Registered Agent:	Name and	Address of New Registered Agent:
393 SW ⁻ 40), JOSE R MD 1 STREET 33135 US			
	e named entity so e of Florida.	ubmits this statement for the p	ourpose of changing i	ts registered office or registered agent, or b
the State			ourpose of changing i	ts registered office or registered agent, or b
the State	e of Florida. RE: <u>JOSE R. A</u>			ts registered office or registered agent, or b
the State	e of Florida. RE: <u>JOSE R. A</u>	ALFONSO c Signature of Registered Age	ent	
the State GNATUI FFICER cle: ame: ldress:	e of Florida. RE: JOSE R. A Electronic S AND DIRECT	ALFONSO c Signature of Registered Age CORS: Delete E R MD	ent	Date
the State	e of Florida. RE: JOSE R. A Electronic S AND DIRECT P ()I ALFONSO, JOSE 1393 SW 1 ST MIAMI, FL 3313	ALFONSO c Signature of Registered Age ORS: Delete E R MD Delete Y MRS. OURT	ent ADDITION Title: Name: Address:	Date IS/CHANGES TO OFFICERS AND DIREC
the State GNATUI FFICER tle: ame: ddress: tty-St-Zip: tle: ame: ddress:	e of Florida. RE: JOSE R. A Electronic S AND DIRECT P ()I ALFONSO, JOSE 1393 SW 1 ST MIAMI, FL 3313 VP ()I LORENZO, SAD 4337 WEST 9 CHIALEAH, FL 33	ALFONSO c Signature of Registered Age ORS: Delete E R MD Delete Y MRS. OURT	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	Date IS/CHANGES TO OFFICERS AND DIREC () Change () Addition

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: JOSE R. ALFONSO P 10/24/2008