## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N07000010271

FILED Oct 08, 2008 Secretary of State

Entity Name: US DOMINICAN AMERICAN POLITICAL ACTION COMMITTEE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 5659 W FLAGLER STREET MIAMI, FL 33134 **Current Mailing Address: New Mailing Address:** 2289 NW 28TH STREET STE 17 5659 W FLAGLER STREET MIAMI, FL 33142 MIAMI, FL 33134 FFI 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: Name and Address of New Registered Agent: MOJICA, EZEQUIEL 2289 NW 28TH STREET STE 17 MIAMI, FL 33142 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: EZEQUIEL MOJICA Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ROMERO, JUAN G Name: Name: 1211 VAN BUREN STREET Address: Address: City-St-Zip: HOLLYWOOD, FL 33019 City-St-Zip: Title: Title: ( ) Delete () Change () Addition MADE, ISIDRO Name: Name: Address: 3023 NW 28TH STREET Address: City-St-Zip: MIAMI, FL 33142 City-St-Zip: Title: () Delete Title: () Change () Addition CASTILLO, DOMINGO Name: Name: 14821 SW 169TH LANE Address: Address: City-St-Zip: MIAMI, FL 33187 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: ISAACS, MILAGROS Name: 8730 SW 133 AVE #211 Address: Address: City-St-Zip: MIAMI, FL 33183 City-St-Zip: Title: () Delete Title: () Change () Addition ROSE, ADA Name: Name: 860 NE 175 ST Address: Address: City-St-Zip: MIAMI, FL 33162 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition TORRES, EZEQUIEL MOJICA, EZEQUIEL Name: Name: Address: 2289 NW 28TH STREET Address: 2289 NW 28TH STREET MIAMI, FL 33125 MIAMI, FL 33125 City-St-Zip: 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: JUAN G ROMERO D 10/08/2008