

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000011383

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: NUEVA ALIANZA INC.

**Current Principal Place of Business:**

2924 DANFORTH DR  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

2924 DANFORTH DR  
ORLANDO, FL 32818

**New Mailing Address:**

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

URIAS, GENARO  
2303 DANFORTH DR.  
ORLANDO, FL 32818 US

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: GENARO URIAS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: URIAS, GENARO  
Address: 2924 DANFORTH DR.  
City-St-Zip: ORLANDO, FL 32818

Title: VP ( ) Delete  
Name: TREVINO, FELIPE  
Address: 209 HORSTFIELD DR.  
City-St-Zip: WINTER GARDEN, FL 34787

Title: SEC ( ) Delete  
Name: TREVINO, MAYTE  
Address: 209 HORSTFIELD DR.  
City-St-Zip: WINTER GARDEN, FL 34787

Title: MEM ( ) Delete  
Name: GONZALEZ, ANTONIO  
Address: 1024 GLENSDING AVE  
City-St-Zip: WINTER GARDEN, FL 34787

**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: FELIPE TREVINO

VP

01/14/2009

Electronic Signature of Signing Officer or Director

Date