

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000012325

**FILED**  
**Oct 06, 2008**  
**Secretary of State**

**Entity Name:** COMUNIDAD NIDHE ISRAEL, INC.

**Current Principal Place of Business:**

4617 NW 156TH STREET  
MIAMI GARDENS, FL 33054

**New Principal Place of Business:**

16750 NE10TH AVENUE  
#207  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

4617 NW 156TH STREET  
MIAMI GARDENS, FL 33054

**New Mailing Address:**

16750 NE 10TH AVENUE  
#207  
NORTH MIAMI BEACH, FL 33162

**FEI 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:**

LOPEZ, OSCAR  
8245 NW 6 TERRACE #203  
MIAMI, FL 33126 US

**Name and Address of New Registered Agent:**

LOPEZ, ARIELA  
16701 NE 14TH AVENUE  
#112  
NORTH MIAMI BEACH, FL 33162 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: ARIELA LOPEZ

10/06/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ELAZAR-DE MOTA, YEHONATAN  
Address: 4617 NW 156TH STREET  
City-St-Zip: MIAMI GARDENS, FL 33054 US

Title: SEC ( ) Delete  
Name: LOPEZ, ARIELA  
Address: 16701 NE 14 AVE #112  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: CFO (X) Delete  
Name: LOPEZ, OSCAR  
Address: 8245 NW 6 TERRACE #203  
City-St-Zip: MIAMI, FL 33126 US

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

Title: DIRE (X) Change ( ) Addition  
Name: LOPEZ, ARIELA  
Address: 16701 NE 14TH AVENUE #112  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: DIRE (X) Change ( ) Addition  
Name: LOPEZ, DAVID  
Address: 16701 NE 14 AVE #112  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

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: ARIELA LOPEZ

DIR

10/06/2008

Electronic Signature of Signing Officer or Director

Date