2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 09, 2009
Secretary of State

DOCUMENT# N08000002070

Entity Name: SEMANA CULTURAL DOMINICANA. INC.

Current Principal Place of Business:

3321 NW 17TH AVE.
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

3321 NW 17TH AVE.
MIAMI, FL 33142

New Mailing Address:

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:

LATINOS UNITED IN ACTION CENTER INC
3321 NW 17TH AVE
MIAMI, FL 33142 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: JUANA A.L VARGAS

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LATINOS UNITED IN ACTION CENTER, INC.
Address: 3321 NW 17TH AVE.
City-St-Zip: MIAMI, FL 33142 US

Title: D ( ) Delete
Name: URANGA, PEDRO
Address: 610 SW 21 ROAD
City-St-Zip: MIAMI, FL 33129

Title: D ( ) Delete
Name: VARGAS, JULIO
Address: 610 SW 21 ROAD
City-St-Zip: MIAMI, FL 33129

Title: D ( ) Delete
Name: PEREZ, SYLVESTER
Address: 610 SW 21 ROAD
City-St-Zip: MIAMI, FL 33129

Title: D ( ) Delete
Name: VARGAS, JUANA
Address: 610 SW 21 ROAD
City-St-Zip: MIAMI, FL 33129

Title: D ( ) Delete
Name: VELASQUEZ, MARTHA
Address: 610 SW 21 ROAD
City-St-Zip: MIAMI, FL 33129

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:

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: JUANA A. VARGAS D 10/09/2009

Electronic Signature of Signing Officer or Director — Date