## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N08000002981

FILED Nov 03, 2009 Secretary of State

Entity Name: DIVISION MILITARY DE JOVENES POR LA LIBERTAD DE CUBA CORP

Entity Na	ME: DIVISION MILITARY DE JOVENES F	OR LA LIBERTAD DE CUBA COR	۲	
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
1485 WES 223	ST 46 ST			
	FL 33012			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
1485 WES	ST 46 ST			
223 HIALEAH,	FL 33012			
FEI Number In accordan	r: FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation did	FEI Number Not Applicable (X) not receive the prior notice.	Certificate of Status Desired ( )	
Name and	d Address of Current Registered Agent:	Name and Address of	f New Registered Agent:	
1485 WES 223	A, ALFREDO ST 46 ST FL 33012 US			
	e named entity submits this statement for the e of Florida.	e purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE: ALFREDO CARMONA			
	Electronic Signature of Registered A	Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete CARMONA, ALFREDO 1485 WEST 46 ST APT223 HIALEAH, FL 33012	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP (X) Delete FLEITAS, JORGE L 1485 WEST 46THST APT 223 HIALEAH, FL 33012	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	TRES () Delete MEDINA, JORGE L 220 WEST PARK DRIVE APT#104 MIAMI FI 33172	Title: Name: Address: CitysSt-Zip:	( ) 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: ALFREDO CARMONA PRES 11/03/2009