2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 29, 2009
Secretary of State

DOCUMENT# N08000004541

Entity Name: LA PENA DE HOREB, INC

Current Principal Place of Business:

2012 NW 89 AVE
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

2012 NW 89 AVE
PEMBROKE PINES, FL 33024 US

New Mailing Address:

FEI Number: 85-8015172 **FEI Number Applied For ( )** **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:

DAVILA, JOSE M REV
2012 NW 89 AVE
PEMBROKE PINES, FL 33024 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: JOSE DAVIA
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DAVILA, JOSE M REV
Address: 2012 NW 89 AVE
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: T ( ) Delete
Name: DAVILA, ROSA
Address: 2012 NW 89 AVE
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: VP ( ) Delete
Name: KASSE, ROSA E
Address: 8238 N.W. 192ND TERRACE
City-St-Zip: MIAMI, FL 33014

Title: S ( ) Delete
Name: CORDOVA, LUIS R
Address: 1331 N. 70 TERR
City-St-Zip: HOLLYWOOD, FL 33034

Title: T ( ) Delete
Name: HERNANDEZ, FELICITA
Address: 6900 SW 39 ST APT 209
City-St-Zip: DAVIE, FL 33314

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:

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: JOSE DAVILA DP 09/29/2009
Electronic Signature of Signing Officer or Director — Date