

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000004573

FILED  
Nov 10, 2009  
Secretary of State

Entity Name: PUENTES FOUNDATION CORP.

## Current Principal Place of Business:

12550 BISCAYNE BLVD  
SUITE 704  
NORTH MIAMI, FL 33181

## New Principal Place of Business:

## Current Mailing Address:

12550 BISCAYNE BLVD  
SUITE 704  
NORTH MIAMI, FL 33181

## 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:

GURIAN, JORGE  
11324 NW 47 LANE  
DORAL, FL 33178 US

## Name and Address of New Registered Agent:

GIRALDO, CHRISTIAN  
12550 BISCAYNE BLVD  
SUITE 704  
MIAMI, FL 33181 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: CHRISTIAN GIRALDO

11/10/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BAYER, AUGUSTO  
Address: 12550 BISCAYNE BLVD, SUITE 704  
City-St-Zip: NORTH MIAMI, FL 33181

Title: VPD ( ) Delete  
Name: DAVID, PAOLA  
Address: 12550 BISCAYNE BLVD, SUITE 704  
City-St-Zip: NORTH MIAMI, FL 33181

Title: SD ( ) Delete  
Name: GIRALDO, CHRISTIAN  
Address: 12550 BISCAYNE BLVD, SUITE 704  
City-St-Zip: NORTH MIAMI, FL 33181

## 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:

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: AUGUSTO BAYER

PD

11/10/2009

Electronic Signature of Signing Officer or Director

Date