

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 12, 2009
Secretary of State

DOCUMENT# N08000005649

Entity Name: ABELA'S FOUNDATION, INC.

Current Principal Place of Business:

9737 NW 41ST #395
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

9737 NW 41ST #395
DORAL, FL 33178

New Mailing Address:

FEI Number: 26-1725133 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

SEDA, LOURDES
9600 N.W. 38 STREET
SUITE 213
DORAL, FL 33178 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: LOURDES SEDA

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SEDA, LOURDES
Address: 9600 N.W. 38 STREET, SUITE 213
City-St-Zip: DORAL, FL 33178

Title: TD () Delete
Name: GONZALEZ, EDWIN
Address: 9600 N.W. 38 STREET, SUITE 213
City-St-Zip: DORAL, FL 33178

Title: D () Delete
Name: TRUJILLO, JUAN DIEGO
Address: 9600 N.W. 38 STREET, SUITE 213
City-St-Zip: DORAL, FL 33178

Title: D () Delete
Name: YANNUZZI, ROSARIO
Address: 9600 N.W. 38 STREET, SUITE 213
City-St-Zip: DORAL, FL 33178

Title: VPD () Delete
Name: SEDA, JULIO
Address: 9600 NW 38 ST STE 213
City-St-Zip: DORAL, FL 33178

Title: SD () Delete
Name: OLIVER, LETICIA
Address: 9600 NW 38 ST STE 213
City-St-Zip: DORAL, FL 33178

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: LOURDES SEDA

Electronic Signature of Signing Officer or Director

PD

11/12/2009

Date