

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000007668

**FILED**  
**Oct 13, 2009**  
**Secretary of State**

**Entity Name:** ILDA-INSTITUTO LATINOAMERICANO INTERNACIONAL PARA EL DESARROLLO DE LAS AMERICAS CORPORATION.

**Current Principal Place of Business:**

999 BRICKELL BAY DR  
SUITE 703  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

999 BRICKELL BAY DR  
SUITE 703  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 26-3175491      **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:**

**Name and Address of New Registered Agent:**

ORBEGOSO, VICTOR E  
12426 BLACKSMITH DR  
SUITE 107  
ORLANDO, FL 32837 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: VICTOR E ORBEGOSO

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: ORBEGOSO, VICTOR E  
Address: 12426 BLACKSMITH DR, SUITE 107  
City-St-Zip: ORLANDO, FL 32837

Title: VP ( ) Delete  
Name: SANCHEZ, OSCAR E  
Address: 999 BRICKELL BAY DR, SUITE 703  
City-St-Zip: MIAMI, FL 33131

Title: SEC ( ) Delete  
Name: ORBEGOSO, ROSA Y  
Address: 12426 BLACKSMITH DR, SUITE 107  
City-St-Zip: ORLANDO, FL 32837

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: TRES ( ) Change (X) Addition  
Name: SANCHEZ, ROSSANNA P  
Address: 999 BRICKELL BAY DR  
City-St-Zip: MIAMI, FL 33131

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: OSCAR E SANCHEZ

VPRE

10/13/2009

Electronic Signature of Signing Officer or Director

Date