2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000007769

FILED Oct 31, 2009 Secretary of State

Entity Name: INTERCULTURAL EXCHANGE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 8915 LATREC AVENUE APT. 212 ORLANDO, FL 32819 **New Mailing Address: Current Mailing Address:** P.O. BOX 366 WINDERMERE, FL 34786 FEI Number: 26-3195190 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: Name and Address of New Registered Agent: DAVENPORT-HARRIS, CRYSTAL J 8915 LATREC AVENUÉ APT. 212 ORLANDO, FL 32819 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: CRYSTAL J DAVENPORT-HARRIS Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Change () Addition () Delete DAVENPORT-HARRIS, CRYSTAL J Name: Name: 8915 LATREC AVENUE, APT. 212 Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: Title: () Delete Title: () Change () Addition DAVENPORT, WINIFRED N Name: Name: Address: 6094 WESTGATE DRIVE, APT 202 Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: Title: DIR () Delete Title: () Change () Addition BEY, VANNA P Name: Name: 4517 SE 4TH PLACE Address: Address: City-St-Zip: OCALA, FL 34471 City-St-Zip: Title: DIR () Delete Title: () Change () Addition Name: MODESTE, PAMELA P Name: HC-04 BOX 44374, MSC 1431 Address: Address: CAGUAS, PR 00727 City-St-Zip: City-St-Zip: Title: () Delete Title: DIR () Change (X) Addition HOWELL, DAVE JR Name: Name: 2221 TOURNAMENT Address: Address: KISSIMMEE, FL 34746 City-St-Zip: 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: CRYSTAL J DAVENPORT-HARRIS PRES 10/31/2009