

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N42558

FILED
Nov 06, 2006
Secretary of State

Entity Name: VIDA ABUNDANTE, INC.

Current Principal Place of Business:

6300 NW 77 CT.
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

6300 NW 77 CT.
MIAMI, FL 33166

New Mailing Address:

FEI Number: 65-0276413 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:

COLLOCA, ROBERTO
15421 DURNFORD DRIVE
MIAMI, FL 33014 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: ROBERTO COLLOCA

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COLLOCA, ROBERTO
Address: 15421 DURNFORD DRIVE
City-St-Zip: MIAMI LAKES, FL 33014

Title: V () Delete
Name: COLLOCA, MIRTA
Address: 15421 DURNFORD DRIVE
City-St-Zip: MIAMI LAKES, FL 33014

Title: O () Delete
Name: COLLOCA, LEONARDO
Address: 15421 DURNFORD DRIVE
City-St-Zip: MIAMI LAKES, FL 33014

Title: S () Delete
Name: COLLOCA, ANDREA
Address: 15421 DURNFORD DR
City-St-Zip: MIAMI LAKES, FL 33014

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERTO COLLOCA

PD

11/06/2006

Electronic Signature of Signing Officer or Director

Date