

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N45934

FILED
Oct 13, 2005
Secretary of State

Entity Name: LATINO ELDERLY, INC.

Current Principal Place of Business:

2859 SOUTH BUMBY AVENUE
ORLANDO, FL 32806

New Principal Place of Business:

556 S. CONWAY RD.
A
ORLANDO, FL 32807 US

Current Mailing Address:

P.O. BOX 568813
ORLANDO, FL 32856 US

New Mailing Address:

556 S. CONWAY RD.
A
ORLANDO, FL 32807 US

FEI Number: 59-3094193 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:

LOPEZ, MIGUEL
P.O.BOX 568813
ORLANDO, FL 32856 US

Name and Address of New Registered Agent:

LOPEZ, MIGUEL A DR.
556 S. CONWAY RD.
A
ORLANDO, FL 32808 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: MIGUEL A LOPEZ

10/13/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOPEZ, SR, MIGUEL
Address: P.O.BOX 568813
City-St-Zip: ORLANDO, FL 32856 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOPEZ, SR, MIGUEL A
Address: 556 S. CONWAY RD. APT. A
City-St-Zip: ORLANDO, FL 32807 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MIGUEL A. LOPEZ

PD

10/13/2005

Electronic Signature of Signing Officer or Director

Date