

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N46510

FILED
Oct 09, 2009
Secretary of State

Entity Name: I F A ASSOCIATION OF MIAMI, INC.

Current Principal Place of Business:

4110 NW 192ND ST
CAROL CITY, FL 33055

New Principal Place of Business:

Current Mailing Address:

4110NW 192ND ST
CAROL CITY, FL 33055 US

New Mailing Address:

4110 NW 192ND ST
CAROL CITY, FL 33055

FEI Number: 59-3798995 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:

PENA, REINALDO
4110 NW 192ND ST. NORTH
CAROL CITY, FL 33055 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: REINALDO PENA

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REINALDO PENA
Address: 4110 NW 25TH AVE
City-St-Zip: CAROL CITY, FL 33055

Title: D () Delete
Name: PENA, REINALDO JR
Address: 4110 NW 192ND ST
City-St-Zip: MIAMI, FL 33055

Title: TD () Delete
Name: CARDENAS, PEDRO
Address: 14735 SW 84 TERR
City-St-Zip: MIAMI, FL 33193

Title: VP () Delete
Name: HERNANDEZ, JOSE
Address: 14913 SW 67 LANE
City-St-Zip: MIAMI, FL 33193

Title: D () Delete
Name: PENA, ARTURO
Address: 4110 NW 192 ST
City-St-Zip: MIAMI, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: REINALDO PENA
Address: 4110 NW 192ND ST.
City-St-Zip: CAROL CITY, FL 33055

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: REINALDO PENA

PD

10/09/2009

Electronic Signature of Signing Officer or Director

Date