2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000002555

Entity Name: JOVENES DE MIAMLEN ACCION, INC.

FILED Oct 09, 2009 Secretary of State

y	THE GOVERNED BE WINNING ENVIRONMENT, INVESTIGATION, INVESTIGATION			
Current P	rincipal Place of Business:	New Princ	New Principal Place of Business:	
2941 NW 4 MIAMI, FL				
Current Mailing Address:		New Maili	New Mailing Address:	
P.O. BOX HIALEAH,				
In accordan	ce with s. 607.193(2)(b), F.S., the corporation did not re	· •	е.	
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:	
161 N.W. 8	JR, WILLIAM B5TH ST. IAMI, FL 33150 US			
The above in the State	named entity submits this statement for the purpe of Florida.	oose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE: WILLIAM BETANCUR			
	Electronic Signature of Registered Agent		Date	
OFFICERS	S AND DIRECTORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () Delete BETANCUR, WILLIAM 161 N.W. 85TH ST. NORTH MIAMI, FL 33150	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete MALAVENDA, PAUL 4138 SW 16 TERRACE CORAL GABLES, FL 33134	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	SEC () Change (X) Addition CONTRERAS, GLORIA 19078 NW 77 PL MIAMI LAKES, FL 33015	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition RIVERA, DAVID 1618 NW 38TH ST #7-B MIAMI, FL 33142	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition ULLOQUE, RICARDO 10076 E. BAY HARBOR DR #76-A BAY HARBOR ISLAND, FL 33154	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition GAMBOA, ALET 10650 SW 157 COURT MIAMI, FL 33196	

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: WILLIAM BETANCUR PD 10/09/2009