

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000003225

**FILED**  
**Oct 22, 2007**  
**Secretary of State**

**Entity Name:** CISM-REGION II, INC.

**Current Principal Place of Business:**

5680 SW 87 AVENUE  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

5680 SW 87 AVENUE  
MIAMI, FL 33173

**New Mailing Address:**

**FEI Number:** 25-0755599      **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:**

**Name and Address of New Registered Agent:**

DURAN, NATALIE  
5680 SW 87 AVENUE  
MIAMI, FL 33173      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: NATALIE DURAN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PT      ( ) Delete  
Name: ROSSBY, CARLA  
Address: 16501 SW 91 AVENUE  
City-St-Zip: MIAMI, FL 33157

Title: VT      ( ) Delete  
Name: SOUFFRANT, NEAL  
Address: 1151 NW 7ST  
City-St-Zip: MIAMI, FL 33136

Title: T      ( ) Delete  
Name: ARTHUR, VELDORA  
Address: 1151 NW 7 ST.  
City-St-Zip: MIAMI, FL 33136

Title: STC      ( ) Delete  
Name: DURAN, NATALIE  
Address: 5680 SW 87 AVENUE  
City-St-Zip: MIAMI, FL 33173

Title: D      ( ) Delete  
Name: MESA, LEO  
Address: 1601 N. PALM AVE. SUITE 311  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D      ( ) Delete  
Name: MARTINEZ, ANGELA  
Address: 420 S DIXIE HWY STE 4C  
City-St-Zip: CORAL GABLES, FL 33134

**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:

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: NATALIE DURAN

D

10/22/2007

Electronic Signature of Signing Officer or Director

Date