

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

99 DEC 30 PM 1:50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 001042

1. Corporation Name Centro Espanol De Tampa, Inc. Cross ref: Tampa Spanish Center, Inc.

Principal Place of Business Mailing Address 3005 W. Columbus Drive Tampa, FL 33607 P.O. Box 15588 Tampa, FL 33607

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT [Signature]

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country

3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country

4. Date Incorporated or Qualified To Do Business in Florida December 21, 1891 5. FEI Number 59-0189990 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED [X]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include DENNIS ALFONSO, PASTORA RIVEIRO, FRANK JUAN, ED de la PARTE, JORGE TAMARGO.

8. Name and Address of Current Registered Agent Peter Scaglione, Jr. 2127 W. Dr. Martin Luther King Jr. Blvd. Tampa, FL 33607

9. Name and Address of New Registered Agent Philip R. Lazzara, Esquire 307 S. Boulevard Suite D Tampa FL 33606

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Philip R. Lazzara Date 12/9/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes [] No [X] (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature] 12/22/99 (813) 876-5511 KE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dennis A. Alfonso, M.D. Date Daytime Phone #