

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 01 JAN -9 AM 11:07
 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

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2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

December 21, 1891

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-0189990

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	DENNIS ALFONSO	3005 W. COLUMBUS DR.	TAMPA, FL 33607
/D	PASTORA RIVEIRO	3005 W. COLUMBUS DR.	TAMPA, FL 33607
/D	FRANK JUAN	3005 W. COLUMBUS DR.	TAMPA, FL 33607
/D	ED de la PARTE	3005 W. COLUMBUS DR.	TAMPA, FL 33607
D	JORGE TAMARGO	3005 W. COLUMBUS DR.	TAMPA, FL 33607

8. Name and Address of Current Registered Agent

Philip R. Lazzara, Esquire
 307 S. Boulevard, Suite D
 Tampa, FL 33606

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 500003552605--7
 Suite, Apt. #, Etc. -01/17/01--01106--002
 City State Zip Code
 ****236.25 ****236.25
 FL

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
 REGISTERED AGENT MUST SIGN

Date 12/27/00

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes No

(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:

Dennis A. Alfonso
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Dennis A. Alfonso, M.D.

1/3/01

Date

(813) 876-5511

Daytime Phone #

KE

CR2E081 (12/98)