

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N44975

1. Corporation Name

HISPANIC BAR ASSOCIATION OF CENTRAL FLORIDA, INC

Principal Place of Business

Mailing Address

646 EAST COLONIAL DR.
ORLANDO FL 32803

646 EAST COLONIAL DR.
ORLANDO FL 32803

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

2. New Principal Office Address, If Applicable

390 N. Orange Ave

Suite, Apt. #, etc.

Suite 600

City & State
Orlando, FL

Zip
32801

Country

3. New Mailing Office Address, If Applicable

390 N. Orange Ave.

Suite, Apt. #, etc.

Suite 600

City & State
Orlando, FL

Zip
32801

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/04/1991

5. FEI Number

59-3086401

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	PESQUERA, RICARDO R	646 EAST COLONIAL DR.	ORLANDO FL 32803
T/D	DIAZ, ARISTIDES J	701 PEACHTREE ROAD	ORLANDO FL 32804
S/D	RODRIGUEZ-BROWN, YVETTE	332 N. MAGNOLIA AVE.	ORLANDO FL 32801
800004719908--0 -12/12/01--01012--002 ****750.00 ****750.00 LS			

8. Name and Address of Current Registered Agent

PESQUERA, RICARDO R
646 EAST COLONIAL DR.
ORLANDO FL 32803

9. Name and Address of New Registered Agent

Name

Aristides Diaz

Street Address (P.O. Box Number is Not Acceptable)

390 N. Orange Ave.

Suite, Apt. #, Etc.

Suite 600

City

Orlando

State

FL

Zip Code

32801

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

REGISTERED AGENT MUST SIGN

Date

11/13/01

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone #

11/13/01

FILED

01 NOV 16 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2001

CR2E040 (8/01)