

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N98000006708**

FILED

04 MAY -7 PM 5:46

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. Corporation Name

LA RAZA UNIDA CENTER, INC.

Principal Place of Business

Mailing Address

2002 MLK BLVD.
 POMPANO BEACH FL 33069

2002 MLK BLVD.
 POMPANO BEACH FL 33069



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/23/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

5. FEI Number

65-0877612

Applied For

Not Applicable

Zip

Country

Zip

Country

33066-7665 USA

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
1	2	3	
PD	RENTERIA, JOSE G	2002 HAMMONDVILLE RD.	POMPANO BEACH FL 33069
D	ARTEAGA, EVA R	2002 MLK BLVD. #F	POMPANO BEACH FL 33069
V	ALEJANDRE DIAZ, VICTOR	3711 NE 11TH AVE, BAY 8	POMPANO BEACH FL 33064
T	RENTERIA, ISRAEL	2002 HAMMONDVILLE RD	POMPANO BEACH FL 33069
		REINSTATEMENT 03-04	700033102847 04/19/04-01082-004 **245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALEJANDRE DIAZ, VICTOR
 3711 NE 11TH AVE, BAY 8
 POMPANO BEACH FL 33069

Name

EVA R. ARTEAGA

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

2002 HAMMONDVILLE ROAD

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33069

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. or 617.0505, F.S.

Signature of Registered Agent

Eva Renteria
 REGISTERED AGENT MUST SIGN

Date

04/06/04

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:

Eva Renteria
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-979-2130

CR2E040 (7/03)