


2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 730219 1. Entity Name SPANISH AMERICAN LEAGUE AGAINST DISCRIMINATION, INC.						FILED 09 FEB -9 PM 3:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 900 SW 1 ST SUITE 201 MIAMI, FL 33130 US				Mailing Address 900 SW 1 ST SUITE 201 MIAMI, FL 33130 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-2017670				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SOTO, OSVALDO N ESQ 2655 LEJEUNE ROAD - GABLES INTERNATIONAL P PENTHOUSE #2 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
FL				Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
DATE _____							
FILE NOW!!! FEE IS \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CEDENO, OSCAR A 13040 NW 6 TERRACE MIAMI, FL 33182			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8001431888 02/09/09--01055--012 **121.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHM SOTO, OSVALDO N ESQ 2655 LEJEUNE RD. PENTHOUSE #2 CORAL GABLES, FL 33134			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUPER, RICHARD ESQ 226 E. FLAGLER ST., SUITE 200 MIAMI, FL 33131			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXDR PEREZ, JAIME A 6904 W. 14 CT HIALEAH, FL 33014			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXXXXXXXXXXX 5 6650 N. 14th			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LORENZO CORRELLA 6530 LAKE PATRICIA DRIVE C-27 MIAMI LAKES FL 33014	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							
1-11-09							