


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 746723

1. Corporation Name

Hillsborough County Association of Criminal Defense  
Lawyers, Inc.

2. Principal Office Address - No P.O. Box #  
7520 Oakvista Circle

3. Mailing Office Address  
P.O. Box 173183

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Tampa, Florida

City & State  
Tampa, Florida

Zip  
33634

Country  
USA

Zip  
33672

Country  
USA

7. Name and Address of Current Registered Agent

Name  
John E. Fernandez

Street Address (P.O. Box Number is Not Acceptable)  
7520 Oakvista Circle

Suite, Apt. #, Etc.

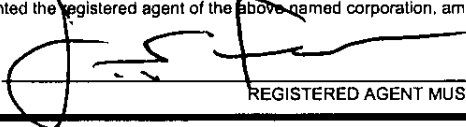
City  
Tampa

State  
FL

Zip Code  
33634

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent



REGISTERED AGENT MUST SIGN

Date August 25, 2009

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	John E. Fernandez	7520 Oakvista Circle	Tampa, Florida
V	Randal Grantham	1519 Dale Mabry Hwy, Ste 100	Lutz, Florida 33549
S	Terryn Bennett	2124 W. Kennedy Blvd., Ste B	Tampa, Florida 33606
T	Mauricio Hued	1333 Westmeath Ct.	Apopka, Florida 32703
D	Barry Cohen	201 E. Kennedy Blvd. Ste1000	Tampa, Florida 33602
D	John Grant III	20719 Sterlington Drive	Land O Lakes, Florida 34638

10. 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 contained in Chapter 119, 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:  John E. Fernandez  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 25, 2009 813 249-2334  
Date Daytime Phone #

FILED  
09 SEP 23 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 1996-2009

300160964293  
09/23/09--01037--008 \*\*857.50  
CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida 1979

5. FEI Number  
592956409

Applied For  
Not Applicable

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

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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Board of Directors - Continued

D	Julianne Holt	P.O. Box 172910, Tampa, Florida 33672
D	Paul Sisco	101 E. Kennedy Blvd. Ste. 3920 Tampa, Florida 33602
D	Eddie Suarez	1011 W. Cleveland, Tampa 33606
D	Miriam Velez	505 East Jackson Street, Ste. 211, Tampa Florida 33602
D	David Weisbrod	412 E. Madison, Ste. 1111, Tampa, Florida 33602
D	Joseph Caimino	501 E. Jackson Street, Ste. 308, Tampa, Florida 33602