PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 MAR -2 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **762693**

1. Corporation Name

ASOCIACION CULTURAL HISPANO-AMERICANA, INC.

Principal Place of Business	Mailing Address
~~645 HUMMINGBIRD CT.~~ 309 PLANTATION CR ~~JACKSONVILLE FL 32259~~ P.V. 32082 ~~US~~	~~PO BOX 55054~~ P.O. BOX ~~50860~~ ~~JACKSONVILLE FL 32216-0054~~ ~~32241-4472~~ US JAX BCH, FL 32240

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
309 PLANTATION CR	P.O. BOX ~~50860~~ 50860
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ponte Vedra Bch, FL	City & State: Jacksonville, FL
Zip: 32082 Country: USA	Zip: 32241-4472 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/31/1982

5. FEI Number: 59-2367618 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	INCLAN, RAFAEL	3599 UNIV BLVD STE 100	JACKSONVILLE FL ****61.25 ****61.2
P	~~INCLAN, CLEMENTE J.~~ BENITEZ, NORBERTO	~~4471 BARNABY DR.~~ 309 PLANTATION CR	~~JACKSONVILLE FL~~ PONTE VEDRA FL
PD	~~RADI, ALEJANDRO~~ MORALES, ROBERTO	~~580 W. 6TH ST STE 802~~ 645 Hummingbird Ct	JACKSONVILLE FL
VP	GOMEZ, MONSERRATE ROSA, LARISSA	1222 MOLOKAI RD 7868 Rittenhouse LN	JACKSONVILLE FL 8
T	~~MORALES, ROBERTO L.~~ BENITEZ, ANNA	~~645 HUMMINGBIRD CT.~~ 309 PLANTATION CR	~~JACKSONVILLE FL~~ PONTE VEDRA FL
D	~~OTERO, JOSE M.~~ Rivera, Sonia	~~2888 STARSHINE COVE~~ 3181 Hermitage Rd	JACKSONVILLE FL

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8. Name and Address of Current Registered Agent

RAFAEL S. INCLAN M.D.
2839 WOOD VALLEY COURT
JACKSONVILLE FL 32217

9. Name and Address of New Registered Agent

Name: R. Alan 2/2/98

Street Address (P.O. Box Number is Not Acceptable): REINSTATEMENT 97-98

Suite, Apt. #, etc.:

City: State: FL Zip Code:

CR2E040 (8/97)

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: Rafael S. Inclan — REGISTERED AGENT MUST SIGN

Date: 5000024477445--9
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****236.25 ****236.25

11. This corporation owes or has paid 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: [signature] ROBERTO L. MORALES — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/98 — Date

(904)296-1482 — Daytime Phone #