PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 07 SEP 18 PM 1: 17 SECKLE FACTOR OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # F000000 4488 1. Corporation Name		TALLAHASSEE, FLORIDA
Southwest Voter Registration Education Project_INC		000109555320 09/18/0701014009 **315.00
2. Principal Office Address - No P.O. Box # 200 UM Dawd, 214 FV. Sulte, Apt. #, etc.	206 Limbard, 2nd Flv Suite, Apt. #, etc.	CR2E081 (1/07)
On 4 On	Ch. 1 Chair	4. Date incorporated or Qualified To Do Business in Florida MAV 15, 19,74
San Antonio, TX	San Antonio, TX	5. FEI Number Applied For Not Applied For
21978226 (Country)	ZID 8226 Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of	Current Registered Agent	/
Name ALVARO F. FERNANDE 7 Street Address (P.O. Box Number is Not Acceptable) 7100 BISCAYNL BLVD. Suite, Apt. #, Etc.		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
City MIAMI	State Zip Code FL 33139	fee be waived.
8. I, being appointed the registered agent of the above named corporation are familiar with and accept the obligations of section 607.0509 or 617.0509. F.S. 1 1 0500 P. Signature of Registered Agent Date 9-7-07 REGISTERED AGENT MUST SIGN		
	Vor Director (Florida nonprofit corporations must list at le	
Titles Name of Officers and/or Directors	Street Address of Eacl Officer and/or Directo	Gity / State / Zip
P. Antonio Gonzalez	2 2914 N. Mains	t. Los Angeles, CA90031
C. Juan Maldonado 300 E. Express way 83, Stf. 6, Pharr, Tx 78577		
D. Andy Hornandez	3000 S. 1H35, Stc.	210 Austin, TX 78704
D. Irma Munoz	4154 Mantora	Dr. Los Angelu, CA90008
NC Frank Quertao	Qu21 Rush St, #3	BOF Rosemead, CA 91770
D. Adda Kabel Flo	ores 54075. Taft.	St. Littletonico 80127
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 filling 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 aignisture shall have the same legal effect as if made under oath. SIGNATURE: Q-10-07 Q017220225		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		