

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **F96000004648**

1. Corporation Name

NATIONAL SOCIETY OF HISPANIC M B A'S INCORPORATED

Principal Place of Business

Mailing Address

**8204 ELMBROOK, STE. 235
 DALLAS, TX 75247**

**8204 ELMBROOK, STE. 235
 DALLAS, TX 75247**

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

8204 ELMBROOK

8204 ELMBROOK

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 235

STE. 235

City & State

City & State

DALLAS TX

DALLAS, TX

Zip

Country

Zip

Country

75247 USA

75247 USA

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 (Do NOT Use Post Office Box Numbers)	
P	RIEK TOBIAS	17811 WENTZEL HILL	SAN ANTONIO, TX 78258
Y	CORY SHADE	434 HENDRICKS ISLE #1	FT. LAUDERDALE, FL 33301
S	VALERIE DALLAGO	1587 S. PENNINGTON, DR.	CHANDLER, AZ 85248
T	MANNY MARTINEZ	352 W. 46th. St. # 5A	NEW YORK, NY 10036
D	DONNA BLANCCRO	6822 W. JUANHOE ST.	CHADLER, AZ 85226
D	SHEILA GODREAU	4417 Mc Intosh Park Dr #306	SARASOTA, FL 34232

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: **SHEILA GODREAU**
 Street Address (P.O. Box Number is Not Acceptable): **4417 MC INTOSH PARK DR.**
 Suite, Apt. #, Etc.: **# 306**
 City: **SARASOTA**
 State: **FL** Zip Code: **34232**

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

M Manny Martinez

REGISTERED AGENT MUST SIGN

Date: **2-19-99**

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:

Manny Martinez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **MANNY MARTINEZ**

3/26/99 (212) 559-2139
 Date Daytime Phone #

FILED
 99 APR -6 AM 11:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida: **09/09/1996**
 5. FEI Number: **95-4196238**
 6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

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******297.38 State****297.50**

CR2E04G (9/98)