

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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CORPORATION REINSTATEMENT

NATIONAL SOCIETY OF HISPANIC M B A'S INCORPORATED

Certificate of Status	0
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Page Count	02
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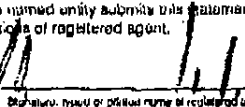
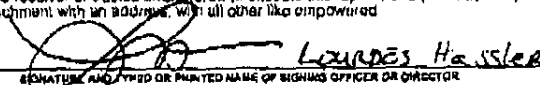
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2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000004648					
1. Entity Name NATIONAL SOCIETY OF HISPANIC M B A'S INCORPORATED					
Principal Place of Business 1303 WALNUT HILL LANE #100 IRVING, TX 75038			Mailing Address 1303 WALNUT HILL LANE #100 IRVING, TX 75038		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		3. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. File Number 85-4196238				Applied For <input type="checkbox"/> Not Applicable	
5. Name and Address of Current Registered Agent CT CORPORATION 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 		Chris McNeair Assistant Secretary		4/29/09 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	D	<input checked="" type="checkbox"/> Delete	TITLE	Director/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNANDEZ, MANUEL		NAME	Lourdes M. Haessler	
STREET ADDRESS	9405 GREENPOINTE DRIVE		STREET ADDRESS	1301 W. Walnut Hill Lane, Suite 100, Irving, TX 75038	
CITY-ST-ZIP	TAMPA, FL 33626		CITY-ST-ZIP	1301 W. Walnut Hill Lane, Suite 100, Irving, TX 75038	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, COSETTA		NAME	Hddie Correa	
STREET ADDRESS	2 CANFIELD AVE #217		STREET ADDRESS	1303 W. Walnut Hill Lane, Suite 100, Irving, TX 75038	
CITY-ST-ZIP	WHITE PLAINS, NY 10601		CITY-ST-ZIP	1303 W. Walnut Hill Lane, Suite 100, Irving, TX 75038	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORREA, EDDIE		NAME	Marla Elena Rivalde	
STREET ADDRESS	2500 RYMER LANE		STREET ADDRESS	1303 W. Walnut Hill Lane, Suite 100, Irving, TX 75038	
CITY-ST-ZIP	SAN JOSE, CA 95133		CITY-ST-ZIP	1303 W. Walnut Hill Lane, Suite 100, Irving, TX 75038	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAYAS, YVONNE M		NAME		
STREET ADDRESS	70 BLACKLEDGE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	COLCHESTER, CT 06416		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
REINSTATEMENT					
RU					
12. I hereby certify that the information supplied with this report does not qualify for the exemptions contained in Chapter 119, Florida Statutes; I further certify that the information included 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: 		Lourdes Haessler		4/9/09	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		214-596-9438	