

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 SEP -5 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

FLORIDA STATE HISPANIC CHAMBER OF COMMERCE, INC.
(N00000001206)

2. Principal Office Address

3970 RCA Boulevard

3. Mailing Office Address

3970 RCA Boulevard

Suite, Apt. #, etc.

#7010

Suite, Apt. #, etc.

#7010

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

Zip

33410

Country

USA

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

02/21/2000

5. FEI Number

593625556

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

04-06

7. Name and Address of Current Registered Agent

Name

Corporate Creations Network Inc.

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

11380 Prosperity Farms Road

Suite, Apt. #, Etc.

#221E

City

Palm Beach Gardens

State

FL

Zip Code

33410

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

[Signature]

Date 8/28/2006

REGISTERED AGENT MUST SIGN

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
DP	Julio Fuentes	3970 RCA Boulevard #7010	Palm Beach Gardens, FL 33410
DS	Paul Martinez	3970 RCA Boulevard #7010	Palm Beach Gardens, FL 33410
DT	Omar Rivera	3970 RCA Boulevard #7010	Palm Beach Gardens, FL 33410
D	Albert Collazo	3970 RCA Boulevard #7010	Palm Beach Gardens, FL 33410
D	Carlos Cruz	3970 RCA Boulevard #7010	Palm Beach Gardens, FL 33410

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 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] as attorney in fact for: Julio Fuentes, DP

8/28/2006

305-672-0686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/5/06

Florida Department of State
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: FLORIDA STATE HISPANIC CHAMBER OF COMMERCE, INC.


Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. 192.50 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2004, 2005, 2006

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: 
by N. Pasquier as attorney-in-fact for:

Name: Julio Fuentes

Title: President

Date: 8-30-06