

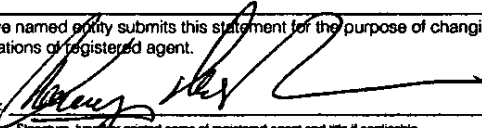



# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N01000001563</b> 1. Entity Name <b>FLORIDA STATE SPANISH CONFERENCE, INC.</b>					
Principal Place of Business <b>211 NE 1ST STREET GAINESVILLE, FL 32601</b>				Mailing Address <b>211 NE 1ST STREET GAINESVILLE, FL 32601</b>	
2. Principal Place of Business <b>10043 NW 13 AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>10043 NW 13 AVE</b> Suite, Apt. #, etc.		<b>FILED</b>  <b>05 MAR 11 AM 8:13</b>  <b>REINSTATEMENT</b> <i>05</i> 	
City & State <b>GAINESVILLE, FL</b>		City & State <b>GAINESVILLE, FL</b>		4. FEI Number <b>59-3748120</b>	
Zip <b>32606</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HASWELL, JOHN H 211 NE 1ST STREET GAINESVILLE, FL 32601</b>				7. Name and Address of New Registered Agent Name <b>MERUCHY HAEDO</b> Street Address (P.O. Box Number is Not Acceptable) <b>10043 NW 13 AVE</b>  City <b>GAINESVILLE</b> <b>FL</b> Zip Code <b>32606</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>3/7/05</b>	
<b>FILE NOW!!! FEE IS \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>DP</b>	NAME <b>HAEDO, MERUCHY</b>	<input type="checkbox"/> Delete	TITLE <b>200048847903</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS <b>10043 NW 13TH AVE</b>	CITY-ST-ZIP <b>GAINESVILLE, FL 32606</b>		STREET ADDRESS <b>03/22/05--01027--010</b>	CITY-ST-ZIP <b>**131.25</b>	
TITLE <b>DVT</b>	NAME <b>CARMONA, ANA</b>	<input type="checkbox"/> Delete	TITLE <b>DS</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS <b>255 SUNCREST COURT</b>	CITY-ST-ZIP <b>OVIDO, FL 32765</b>		STREET ADDRESS <b>ANA CARMONA 255 SUNCREST COURT OVIDO, FL 32765</b>	CITY-ST-ZIP <b>OVIDO, FL 32765</b>	
TITLE <b>DS</b>	NAME <b>HEISELMAN, CONNIE</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>13855 LAKE MARY JANE ROAD</b>	CITY-ST-ZIP <b>ORLANDO, FL 32832</b>		STREET ADDRESS <b>CLEMENTINA BASSI 3635 NW 24th PLACE GAINESVILLE, FL 32605</b>	CITY-ST-ZIP <b>GAINESVILLE, FL 32605</b>	
TITLE <b>D</b>	NAME <b>AVENDANO, ALEJANDRO</b>	<input type="checkbox"/> Delete	TITLE <b>DVT</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS <b>10043 NW 13TH AVE</b>	CITY-ST-ZIP <b>GAINESVILLE, FL 32606</b>		STREET ADDRESS <b>ANA JOURNEY 1618 SW 75th TERR. GAINESVILLE, FL 32607</b>	CITY-ST-ZIP <b>GAINESVILLE, FL 32607</b>	
TITLE <b>D</b>	NAME <b>LILARD, LOUIS</b>	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS <b>2004 CLIPPER COURT</b>	CITY-ST-ZIP <b>LA BELLE, FL 33935</b>		STREET ADDRESS <b>LA BELLE, FL 33935</b>	CITY-ST-ZIP <b>LA BELLE, FL 33935</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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: 				DATE <b>3/7/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>MERUCHY HAEDO</b>				DAYTIME PHONE # <b>352-331-4931</b>	