

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000000828

FILED  
Nov 13, 2007  
Secretary of State

Entity Name: HISPANIC RESOURCE LINK INC.

## Current Principal Place of Business:

2511 BROOKSTONE DR.  
KISSIMMEE, FL 34744

## New Principal Place of Business:

12803 DOWNSTREAM CIRCLE  
ORLANDO, FL 32828

## Current Mailing Address:

2511 BROOKSTONE DR.  
KISSIMMEE, FL 34744

## New Mailing Address:

12803 DOWNSTREAM CIRCLE.  
ORLANDO, FL 32828

FEI Number: 41-2027048      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

GARCIA, KATHRYN  
2511 BROOKSTONE DR  
KISSIMMEE, FL 34744      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: KATHRYN GARCIA

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: MR      ( ) Delete  
Name: GARCIA, DANNY I  
Address: 2511 BROOKSTONE DR.  
City-St-Zip: KISSIMMEE, FL 34744

Title: MRS      ( ) Delete  
Name: GARCIA, KATHRYN J  
Address: 2511 BROOKSTONE DR  
City-St-Zip: KISSIMMEE, FL 34744

Title: MS.      ( ) Delete  
Name: SOTO, ROSALIE  
Address: 6100 OLEANDER DR  
City-St-Zip: ORLANDO, FL 32807

Title: MRS      ( ) Delete  
Name: OLSEN, GINETTE  
Address: 992 B E. MICHIGAN ST.  
City-St-Zip: OLANDO, FL 32806

Title: MS      ( ) Delete  
Name: ROSA, ENID  
Address: PO BOX 3028  
City-St-Zip: ORLANDO, FL 32802

Title: MS      ( ) Delete  
Name: SOLA, ANGIE  
Address: PO BOX 10000  
City-St-Zip: LAKE BUENA VISTA, FL 32830

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANNY GARCIA

MR.

11/13/2007

Electronic Signature of Signing Officer or Director

Date