

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG 15 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000002552
1. Corporation Name Chamber of Hispanic Affairs, Inc.

REINSTATEMENT 0304
CR2E081 (12/05)
4. Date Incorporated or Qualified To Do Business in Florida
5. FEI Number 30-0087346
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

2. Principal Office Address 7515 SW 26 PL
3. Mailing Office Address PO Box 394
Suite, Apt. #, etc.
City & State Gainesville
Zip 32607 Country USA

7. Name and Address of Current Registered Agent
Name Wilfrida P. Melendez
Street Address (P.O. Box Number is Not Acceptable) 7515 SW 26 PL
Suite, Apt. #, Etc.
City Gainesville State FL Zip Code 32607

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 Wilfrida P. Melendez Date 8-15-08
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
Treasurer	<u>Fredundo Nira</u>	<u>407 SW 54th Av</u>	<u>Gulf FL 32607</u>
<u>Sec.</u>	<u>Dennis Casato</u>	<u>P.O. Box 774</u>	<u>Branson FL 32611</u>
<u>V.</u>	<u>Manny Gomez</u>	<u>P.O. Box 12774</u>	<u>Gulf FL 32604</u>
<u>P.</u>	<u>Wilfrida P. Melendez</u>	<u>7515 SW 26 PL</u>	<u>Gulf FL 32607</u>

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 contained in Chapter 119, 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: Wilfrida P. Melendez Date 352-283-4139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

I Wilfredo R. Melendez never received
the 2003 Annual Report Notice.

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Wilfredo