2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000004745

Entity Name: HISPANIC FOUNDATIONS, INC.

FILED Oct 31, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3601 E. TAMPA CIRCLE STE W TAMPA, FL 33629

Current Mailing Address: New Mailing Address:

3601 E. TAMPA CIRCLE STE W TAMPA, FL 33629

FEI Number: 02-0620841 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POHLMEYER, DONALD V CASTANET, SOFIA T 3601 E. TAMPA CIRCLE TAMPA, FL 33629 US TAMPA, FL 33629 US

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: SOFIT T. CASTANET 10/31/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition
Name: POHLMEYER, SOFIA C Name: CASTANET, SOFIA T

 Address:
 3601 E. TAMPA CIRCLE
 Address:
 3601 E. TAMPA CIRCLE

 City-St-Zip:
 TAMPA, FL 33629
 City-St-Zip:
 TAMPA, FL 33629

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 POHLMEYER, DONALD V
 Name:
 GARCIA, ENRIQUE

 Address:
 3601 E. TAMPA CIRCLE
 Address:
 3601 E. TAMPA CIRCLE

 City-St-Zip:
 TAMPA, FL 33629
 City-St-Zip:
 TAMPA, FL 33629

Title: D () Delete Title: D (X) Change () Addition

 Name:
 GARCIA, ENRIQUE
 Name:
 WOLK, BERYL

 Address:
 3601 E. TAMPA CIRCLE
 Address:
 261 OLD YORK RD

 City-St-Zip:
 TAMPA, FL 33629
 City-St-Zip:
 JENKINTOWN, PA 19046

Title: D () Delete Title: D (X) Change () Addition

 Name:
 WOLK, BERYL
 Name:
 LEAVENS, ROBERT JR

 Address:
 261 OLD YORK RD
 Address:
 135 DANUBE RD. STE 8

 City-St-Zip:
 JENKINTOWN, PA 19046
 City-St-Zip:
 TAMPA, FL 33606

Title: D (X) Delete Title: () Change () Addition

 Name:
 LEAVENS, ROBERT JR
 Name:

 Address:
 135 DANUBE RD STE 8
 Address:

 City-St-Zip:
 TAMPA, FL 33606
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SOFIA T. CASTANET PRES 10/31/2005