

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000004745

FILED  
Nov 30, 2006  
Secretary of State

Entity Name: HISPANIC FOUNDATIONS, INC.

## Current Principal Place of Business:

3601 E. TAMPA CIRCLE  
STE W  
TAMPA, FL 33629

## New Principal Place of Business:

## Current Mailing Address:

3601 E. TAMPA CIRCLE  
STE W  
TAMPA, FL 33629

## New Mailing Address:

FEI Number: 02-0620841

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASTANET, SOFIA T  
3601 E. TAMPA CIRCLE  
TAMPA, FL 33629 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: SOFIA T. CASTANET

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CASTANET, SOFIA T  
Address: 3601 E. TAMPA CIRCLE  
City-St-Zip: TAMPA, FL 33629

Title: STD ( ) Delete  
Name: GARCIA, ENRIQUE  
Address: 3601 E. TAMPA CIRCLE  
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete  
Name: WOLK, BERYL  
Address: 261 OLD YORK RD  
City-St-Zip: JENKINTOWN, PA 19046

Title: D (X) Delete  
Name: LEAVENS, ROBERT JR  
Address: 135 DANUBE RD. STE 8  
City-St-Zip: TAMPA, FL 33606

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: CASTANET, SOFIA T  
Address: 3601 E. TAMPA CIRCLE  
City-St-Zip: TAMPA, FL 33629

Title: STPD (X) Change ( ) Addition  
Name: WOLK, BERYL  
Address: 261 OLD YORK RD  
City-St-Zip: JENKINTOWN, PA 19046

Title: D (X) Change ( ) Addition  
Name: LEAVENS, ROBERT JR  
Address: 12648 LONGCREST DRIVE  
City-St-Zip: APOLO BEACH, FL 33954 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SOFIA T. CASTANET

PRES

11/30/2006

Electronic Signature of Signing Officer or Director

Date