

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NO2000004745**

1. Corporation Name

HISPANIC FOUNDATIONS, INC.

REINSTATEMENT 03

2. Principal Office Address

3601 E Tampa Circle

Suite, Apt. #, etc.

Suite W

City & State

Tampa, FL

Zip

33629

Country

USA

3. Mailing Office Address

3601 E. Tampa Circle

Suite, Apt. #, etc.

Suite W

City & State

Tampa, FL

Zip

33629

Country

USA

300024564133

11/10/03--01059--016 **236.25

300024564133

11/10/03--01059--017 **8.75

4. Date Incorporated or Qualified

To Do Business in Florida **6/21/2002**

5. FEI Number

020620841

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DONALD V. POHLMAYER

Street Address (P.O. Box Number is Not Acceptable)

3601 E. Tampa Circle

Suite, Apt. #, Etc.

Suite W

City

Tampa

State
FL

Zip Code
33629

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

Date **9/29/2003**

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
Dir/Pre	Sofia Castanet Pohlmeier	3601 E. Tampa Circle	Tampa, FL 33629
Dir/S-T	Donald V. Pohlmeier	3601 E. Tampa Circle	Tampa, FL 33629
Dir	Frances Castanon	3601 E. Tampa Circle	Tampa, FL 33629
Dir	Beryl Wolk	261 Old York Rd.	Jenkintown, PA 19046
Dir	Robert Leavens, Jr.	135 Danube Rd, Suite 8	Tampa, FL 33606

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 under section 119.07(3)(i), 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:

DONALD V. POHLMAYER

9/29/2003

813-835-3838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TR