


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N02000005282			
1. Corporation Name LATINO COMMUNITY COALITION OF FLORIDA, INC.			
2. Principal Office Address P.O. Box #173094 Suite, Apt. #, etc. N/A City & State Tampa, FL Zip 33672-1094		3. Mailing Office Address same Suite, Apt. #, etc. City & State Zip Country USA	

FILED

04 MAR 15 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400030595124

03/17/04--01015--004 **131.25

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida July 12, 2002.	
5. FEI Number 050571029	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Michael Quintana		
Street Address (P.O. Box Number is Not Acceptable) 7435 Oak Vista Circle		
Suite, Apt. #, Etc.		
City Tampa	State FL	Zip Code 33634

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

Michael Quintana

REGISTERED AGENT MUST SIGN

Date

March 9, 2004

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
P	Michael Quintana	7435 Oak Vista Circle	Tampa, FL 33634
V/T	Maria M. Lopez	120 Arkwright Drive	Tampa, FL 33613
S	Maria Chils	2706 W. Lorraine Avenue	Tampa, FL 33614

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:

Michael Quintana

Michael Quintana

03/09/04 813/272-6649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2001 (01/04)

LATINO COMMUNITY COALITION



OF FLORIDA, INC.

March 9, 2004

Florida Department of State
Division of Corporations
P.O. Box #6327
Tallahassee, FL 32314

To Whom It May Concern:

Attached please find the Corporation Reinstatement Form for our organization. We did not receive a renewal notice in 2003, as our P.O. Box number changed. We also ask that you please waive the late fees. Enclosed is \$122.50 to cover 2003-2004 filing fees and \$8.75 for a Certificate of Status, total amount of check is \$131.25. Also attached is a copy of our updated Articles of Incorporation.

If you have any questions or problems please feel free to call me at 813/908-9844. Thank you in advanced for your prompt attention to this important matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Maria M. Lopez", with a large, stylized flourish at the end.

Maria M. Lopez
Vice-President
120 Arkwright Drive
Tampa, FL 33613