

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL -8 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 003 0000 1111

1. Corporation Name

Florida Association of Hispanic Journalists, Inc.

2. Principal Office Address

1393 SW 1st Street

Suite, Apt. #, etc.

Suite 440

City & State

Miami

Zip

33135-2321

Country

USA

3. Mailing Office Address

PO Box 347622

Suite, Apt. #, etc.

City & State

Coral Gables

Zip

33234-7622

Country

USA

REINSTATEMENT 04-05

**4. Date Incorporated or Qualified
To Do Business In Florida**

02/05/2003

5. FEI Number

20-3106686

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

Pedro A. Gonzalez, Jr.

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

1393 SW 1st Street

Suite, Apt. #, Etc.

Suite 440

City

Miami

State

FL

Zip Code

33135-2321

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

[Signature]

Date July 7, 2005

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
P	Pedro A. Gonzalez, Jr (C)	1393 SW 1st Street, Suite 440	Miami, FL 33135-2321
VP	Bill Lara, Jr (ES)	1393 SW 1st Street, Suite 440	Miami, FL 33135-2321
S	Jose Ruiz (DR)	1393 SW 1st Street, Suite 440	Miami, FL 33135-2321
D	Hernan Guerrero (V)	1393 SW 1st Street, Suite 440	Miami, FL 33135-2321
D	Guillermo Lara (H)	1393 SW 1st Street, Suite 440	Miami, FL 33135-2321

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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 7, 2005

Date

786-286-3600

Daytime Phone #

CR2ED01 (01/05)