## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

								1		FIL	<b>- ()</b>		
REINSTATEMENT					A DEPARTMENT OF STATE Secretary of State			09 MAR 31 AM 7: 17					
				DIVI	SION OF CORP	ORAT	IONS		_				
DOCUMENT # N0300002199									TALLA	HASSE	OF STATE E. FLORED	路	
1. Corporation Name -													
National Latino Peace Officer's Association								<b>9</b> 00	1201	949	10		
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address									800139134318 12/18/0801031002 **122,50				
· .					0.Box 2667				<b>△</b> ₩ 3 5000	เลอส <sup>อ</sup> ไปร์ก็	3 A\		
Suite, Apt. #			+	Suite, Apt. #, etc.			REINSTATENEN 07-09						
								4. Date Incorporated or Qualified To Do Business in Florida 03/13/2003					
City & State City & State								5. FEI Number Applied For					
Orlando, FL  Zip Country				Orlando, FL			04-3745693 Not Applicable						
32801		Country		3280		Country		CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status				e required of Status	
		7. Na	me and Address	of Current Regis	tered Agent						•		
Name David Arenas								The reinstatement fee is imposed, except in					
Street Address (P.O. Box Number is Not Acceptable) 100 S Hughey Ave								circumstances which the entity did not receive the prior notices. By checking this box, you					
Suite, Apt. #, Etc.								are certifying the prior notices were not received and requesting the reinstatement					
Out Table								fee be waived					
City Orlando				State Zip Code 32801									
8. I, being	appointed the	register	ed agent of the ab	ove named corpo	ration, am famili	ar with	and accept the o	bligations of section	on 607.0505 or 6	17.0503, F.S	i.		
Signature of Pavid L. Arenas								Date 02/02/09					
Registered Agent REGISTERED AGENT MUST SIGN										<del>     </del>			
9. Names	and Street A	ddresses	of Each Officer ar	nd/or Director (Flo	prida nonprofit co	rporat	ons must list at le	ast 3 directors)					
Titles	tles Name of Officers and/or Directors					Street Address of Each Officer and/or Director				City / Sta	te / Zip		
Р	David Arenas				POBOX 2667				Orlando, FL 32801				
VP	Anibal Saez				PO-BOX 2667				Orlando, FL 32801				
s,	Carmen Acevedo				PO BOX 2667				Orlando, FL 3280/				
Т	Iris L Perez				PO BOX 2667			Orlando, FL 3280 [					
								03/31.	/090100	3018	**70.0	0	
							- 1-				<u>, , ,</u>		
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 contained in Chapter 119, 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:  O2/02/05 (32)/231-07-7-0													
SIGNA		GNATUR	E AND TYPED OR P	RINTED NAME OF	SIGNING OFFICE	R OR DI	RECTOR	UZ	Date Date	(32/14 Day	rume Phone #	<del></del>	

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