

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
05 DEC 23 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12212005 REIN-NP CR2E099 (6/04)

DOCUMENT # N03000003645 1. Entity Name HISPANIC AMERICAN CHAPTER OF THE BATTEN'S DISEASE SUPPORT AND RESEARCH ASSOCIATION, INC.					
Principal Place of Business 300 BISCAYNE BLVD. WAY., STE. 1007 MIAMI, FL 33131			Mailing Address P.O. BOX 278164 MIRAMAR, FL 33027		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 56-2346134	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ACEVEDO, DAISY W 300 BISCAYNE BLVD. WAY., STE. 1007 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ACEVEDO, DAISY W P.O. BOX 278164 MIRAMAR, FL 33027		TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 05	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AGRON, JOSCELYN P.O. BOX 278164 MIRAMAR, FL 33027		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DEC 27 2005	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RIOS-SERRANO, GYPSY E P.O. BOX 278164 MIRAMAR, FL 33027		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHANCES, HECTOR 13430 SW 32 ST. MIRAMAR, FL 33027		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MARTINEZ, DAMARYS P.O. BOX 278160 MIRAMAR, FL 33027		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Damarys Martinez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>12.1.05</u>		Daytime Phone # <u>305.271.4107</u>