2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000004675

1. Entity Name
MAYOR'S HISPANIC HERITAGE COMMITTEE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB 10 PM 3:34

REINSTATEMENT 04-05

Principal Place of Business	Mailing Address
8935 METHENY CIRCLE TAMPA, FL 33615	8935 METHENY CIRCLE TAMPA, FL 33615

12202004 REIN-NP CR2E099 (6/04)

2. Principal Place of Business	3. Mailing Address
306 E. Jackson St.	P.O. Box 172042
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33602 Country: USA	Zip: 33672-0042 Country: USA

4. FEI Number: 01-0786361 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLINA, ADRIANA 8935 METHENY CIRCLE TAMPA, FL 33615	Name: Toselli, Cindy Street Address (P.O. Box Number is Not Acceptable): 14921 Redcliss Dr. City: Tampa **FL** Zip Code: 33625

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.

500046928315
02/21/05--01024--002 **306.25

SIGNATURE: Cindy Toselli 2/8/05
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $236.25
After January 1, 2005, Fee will be $297.50

Page 1 of 2 - See Reverse for 7th "D"

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 COLINA, ADRIANA 8935 METHENY CIRCLE TAMPA, FL 33615	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bartolotti, Cathy 4023 Lincoln Ave. Tampa, FL 33607	☐ Change ☒ Add'l on
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERNANDEZ, LORI A 3213 WEST OSBORNE AVENUE TAMPA, FL 33614	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, V Bunting, Barbara 15803 Stags Leap Dr. Lutz, FL 33559	☐ Change ☒ Add'l on
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIVERA, MICHELLE Y 12705 POLLY PLACE TAMPA, FL 33625	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, S Fernandez, Mariam (Maggie) 120 Arkwright Dr. Tampa, FL 33613	☐ Change ☒ Add'l on
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOSELLI, CINDY 14921 REDCLISS DRIVE TAMPA, FL 33625	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, P Toselli, Cindy 14921 Redcliss Dr. Tampa, FL 33625	☒ Change ☐ Add'l on
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROPPER, BONNY B 2514 HILLGROVE ROAD VALRICO, FL 33594	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, T Cropper, Bonny B. 3514 Hillgrove Rd. Valrico, FL 33594	☒ Change ☐ Add'l on
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Pullara, Joseph 427 Loch Devon Lutz, FL 33548	☐ Change ☒ Add'l on

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: Bonny B Cropper D, T. 2-7-05 (813) 274-5537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SEE BACK For 7th Director