

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000008868

FILED
Oct 20, 2009
Secretary of State

Entity Name: FLORIDA HISPANIC LEGISLATIVE CAUCUS, INC.

Current Principal Place of Business:

1931 FAULK DRIVE
TALLAHASSEE, FL 32303

New Principal Place of Business:

13550 SW 88 ST. STE. 150
MIAMI, FL 33186

Current Mailing Address:

PO BOX 5482
TALLAHASSEE, FL 32312

New Mailing Address:

13550 SW 88 ST. STE. 150
MIAMI, FL 33186

FEI Number: 20-0625988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAPATA, JUAN C
12925 SW 88 LN
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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.

SIGNATURE: JUAN C. ZAPATA

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: O () Delete
Name: GARCIA, LUIS
Address: 531 SW 12TH AVENUE
City-St-Zip: MIAMI,, FL 33130

Title: O () Delete
Name: GONZALEZ, EDURADO
Address: 11300 NW 87TH COURT SUITE 164
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: O () Delete
Name: SCIONTI, MICHAEL
Address: 4221 NORTH HIMES AVENUE SUITE 102
City-St-Zip: TAMPA, FL 33607

Title: O () Delete
Name: FLORES, ANITERE
Address: 1321 SW 107 AVE STE 205 C
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL SCIONTI

O

10/20/2009

Electronic Signature of Signing Officer or Director

Date