

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

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**REINSTATEMENT** 04-07

DOCUMENT # N03000010309  
1. Corporation Name  
Orlando Hispanic Lions Club.

2. Principal Office Address - No P.O. Box #  
99 E. Marks St.  
Suite, Apt. #, etc.

3. Mailing Office Address  
30. Box 451536  
Suite, Apt. #, etc.

City & State  
Orlando

City & State  
Kissimmee

Zip Country Zip Country  
32803 Change 34745 Osceola

4. Date Incorporated or Qualified To Do Business in Florida 11/26/03

5. FEI Number 55-0883142 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 JACQUELINE CENTENO

Street Address (P.O. Box Number is Not Acceptable)  
3903 STONEFIELD DRIVE

Suite, Apt. #, Etc.

City State Zip Code  
ORLANDO FL 32826

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Jacqueline Centeno Date 3/31/07  
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
PD President	<u>JACQUELINE CENTENO</u>	<u>3903 STONEFIELD DR</u>	<u>ORLANDO, FL 32826</u>
1st V.P.	<u>IRVING NAJARRO</u>	<u>3480 HILLMONT CR.</u>	<u>ORLANDO, FL 32817</u>
Secretary	<u>CARLOS, UBIÑAS</u>	<u>8332 GRANADA BLVD.</u>	<u>ORLANDO, FL 32836</u>
T	<u>Acenedo, Tom</u>	<u>847 Leo Park Trail</u>	<u>Winter Spring 32708</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 Jacqueline Centeno (JACQUELINE CENTENO) 3/31/07 (381) 217-2764  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

08/13