

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -6 PM 12: 06

DOCUMENT # N05296

1. Corporation Name

THE HISPANIC COUNCIL OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

1260 VESPER DR
FT MYERS FL 33901
US

P O BOX 1226
FT MYERS FL 33902
US



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below:

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/24/1984	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2433506	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
SD	MAURO, MARY	2430 WOODLAND CIRCLE 4029 S.E. 2nd Ave	FT. MYERS FL Cape Coral, FL 33904
DT	WHIDDEN, CATHY	1100 PONDELLA RD UNIT 707	NORTH FT MYERS FL
DT	ABAD, AURORA	1041 BAL ISLE DR. 3301 SE 16th Place	FT. MYERS FL Cape Coral, FL 33904
CD	JOHNSON, MARY G.	1260 Vesper Dr 1263 VESPER DRIVE	FORT MYERS FL 33901
			400003478804--8 -11/28/00--01091--006 *****245.00 *****245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSON, MARY GIGLIA
1260 VESPER DR.
FT. MYERS FL 33901

Name Mary G. Johnson - Same
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State **FL** Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Mary Giglia Johnson
REGISTERED AGENT MUST SIGN

Date

11/2/2000

11. 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 under section 119.07(3)(i), 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:

Mary Giglia Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/2/2000

Daytime Phone #

941-418-1441

CR2E040 (8/00)