

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

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STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 06-07

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>DOCUMENT # N05296</b><br>1. Entity Name<br>THE HISPANIC COUNCIL OF SOUTHWEST FLORIDA, INC.  |  |   |  |   |  |
| Principal Place of Business<br><del>3301 SE 16TH PLACE</del><br><del>CAPE CORAL, FL 33904</del> US<br>14016 BALD CYPRESS CIRC<br>FT. MYERS FL 33907  |  |   | Mailing Address<br>3301 SE 16TH PLACE<br><del>CAPE CORAL, FL 33904</del> US  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br>14016 Bald Cypress Circ<br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br>Suite, Apt. #, etc. |  |   |  |
| City & State<br>FT. MYERS FL   |  | City & State<br>FL                        |  | 4. FEI Number<br>59-2433506   |  |
| Zip<br>33907   |  | Country<br>US                             |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required                               |  |
| 6. Name and Address of Current Registered Agent<br>ABAD, AURORA<br>3301 SE 16TH PLACE<br>CAPE CORAL, FL 33904  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |  |
| 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 <u>Aurora Abad</u><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$297.50</b>   |  |   | Make check payable to<br>Florida Department of State   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DC<br>ABAD, AURORA<br>3301 SE 16TH PLACE<br>CAPE CORAL, FL 33904   | <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>14016 Bald Cypress Circle<br>Fort Myers, FL 33907 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>CAMINO, MARTA<br>3301 SE 16TH PLACE<br>CAPE CORAL, FL 33904   | <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>14016 Bald Cypress Circle<br>FORT MYERS, FL 33907            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DST<br>HORVATH, MARY A<br>1814 NE 1ST TERR<br>CAPE CORAL, FL 33909 | <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>500106628855<br>07/24/07--01031--013 **131.25                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | [Blank]  | <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | [Blank]  | <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | [Blank]  | <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Aurora Abad</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   | Date <u>6/29/07</u> 239-267-2895<br><small>Daytime Phone #</small>   |   |  |

Hispanic Council of Southwest Florida, Inc.  
July 18, 2007

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Attention: Debra C. Sterling  
Document Specialist  
Re: NO5296


Dear Ms. Sterling:

As we recently discussed, this letter is to advise you of non-receipt of the original Annual Report because it was sent to the incorrect address. Therefore, per your letter of June 25, 2007 we are requesting a waiver of the reinstatement penalty fee.

We are enclosing a check for \$131.25, which includes the \$122.50 reinstatement fee plus \$8.75 for the certificate.

Thank you for your assistance in this matter.

Very truly yours,

  
Aurora Abad  
Director

Enclosure