

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000001337

FILED  
Nov 12, 2008  
Secretary of State

**Entity Name:** HISPANIC YOUNG PROFESSIONALS AND ENTREPRENEURS, INC.

**Current Principal Place of Business:**

114 S FREMONT AVE  
TAMPA, FL 33606 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 21106  
TAMPA, FL 33622 US

**New Mailing Address:**

P O BOX 349  
TAMPA, FL 33606 US

**FEI Number:** 01-0859440 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SANCHEZ, GILBERTO E ESQ.  
114 S FREMONT AVE  
TAMPA, FL 33606 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: PAUL PALACIOS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ELISALDE, MARIA E  
Address: 611 ISLAND PLACE WAY  
City-St-Zip: TAMPA, FL 33602 US

Title: DS ( ) Delete  
Name: PAULACIOS, PAUL  
Address: P O BOX 21106  
City-St-Zip: TAMPA, FL 33622 US

Title: DC (X) Delete  
Name: HOYOS, DANNA  
Address: P O BOX 21106  
City-St-Zip: TAMPA, FL 33622 US

Title: DT (X) Delete  
Name: GOMEZ, ROBIN I  
Address: P O BOX 21106  
City-St-Zip: TAMPA, FL 33622 US

Title: DC (X) Delete  
Name: DIAZ, MARIO  
Address: 4319 SPINNAKER CIR. LANE  
City-St-Zip: TAMPA, FL 33615 US

Title: DC ( ) Delete  
Name: MOREJON, ANA  
Address: 3105 WATERS AVE., STE. 107  
City-St-Zip: TAMPA, FL 33614 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DS (X) Change ( ) Addition  
Name: PALACIOS, PAUL  
Address: P O BOX 21106  
City-St-Zip: TAMPA, FL 33622 US

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: PAUL PALACIOS

Electronic Signature of Signing Officer or Director

DS

11/12/2008

Date