

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000001472

FILED
Sep 02, 2008
Secretary of State

Entity Name: HIVOTEC, HISPANIC VOTERS COALITION, INC.

Current Principal Place of Business:

1241 US HWY. 27 SOUTH
2ND. FLOOR WEST
SEBRING, FL 33872

New Principal Place of Business:

107 WEST MAIN STREET
NAFA BUILDING
AVON PARK, FL 33825

Current Mailing Address:

1241 US HWY. 27 SOUTH
2ND. FLOOR WEST
SEBRING, FL 33872

New Mailing Address:

P. O. BOX 429
2ND. FLOOR WEST
AVON PARK, FL 33826 04

FEI Number: **FEI Number Applied For (X)** **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:

CHERNOFF, GEORGE
955 S.W. 122ND. AVENUE
SUITE 955
MIAMI, FL 33184 US

Name and Address of New Registered Agent:

NAFA, NATIONAL ASSOCIATION ATTORNEYS
4059 SANTA BARBARA DRIVE
HARDER HALL COUNTRY CLUB
SEBRING, FL 33875 US

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: HUMPHREY H. PACHECKER

09/02/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PACHECKER, HUMPHREY H
Address: P. O. BOX 429
City-St-Zip: AVON PARK, FL 33826-04 29

Title: D () Delete
Name: PACHECKER, HUMPHREY J
Address: 1241 US HWY. 27 S
City-St-Zip: SEBRING, FL 33872

Title: D (X) Delete
Name: MENDEZ, DORYS P
Address: 1241 US HWY. 27 S
City-St-Zip: SEBRING, FL 33872

Title: D (X) Delete
Name: PACHECO, ZENAIDA
Address: 1241 US HWY. 27 S
City-St-Zip: SEBRING, FL 33872

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P-S (X) Change () Addition
Name: PACHECKER, HUMPHREY H
Address: P. O. BOX 429
City-St-Zip: AVON PARK, FL 33826-04 29

Title: VP-T (X) Change () Addition
Name: PACHECKER, HUMPHREY J
Address: 4059 SANTA BARBARA DRIVE
City-St-Zip: SEBRING, FL 33875

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: HUMPHREY H. PACHECKER

P-S

09/02/2008

Electronic Signature of Signing Officer or Director

Date