

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000001705

FILED
Apr 16, 2009
Secretary of State

Entity Name: FLORIDA HISPANIC ASSOCIATION, INC.

Current Principal Place of Business:

843 NE 125 STREET
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

843 NE 125 STREET
NORTH MIAMI, FL 33161

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

IRIZARRI, RAMON ESQ.
2929 SW 3RD AVENUE
SUITE 620
MIAMI, FL 33129 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: RAMON IRIZARRI ESQ.

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: QUIÑONES, HIRAM
Address: 843 NE 125 STREET
City-St-Zip: MIAMI, FL 33161

Title: VP () Delete
Name: BALSEIRO, FRANK
Address: 13290 W. DIXIE HIGHWAY
City-St-Zip: NORTH MIAMI, FL 33161

Title: T () Delete
Name: MERCADO, FRANK
Address: 13290 W. DIXIE HIGHWAY
City-St-Zip: NORTH MIAMI, FL 33161

Title: S () Delete
Name: DE ROSA, LUIS
Address: 3550 BISCAYNE BOULEVARD, SUITE 300
City-St-Zip: MIAMI, FL 33137

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: QUIÑONES, HIRAM PRES
Address: 843 NE 125 STREET
City-St-Zip: MIAMI, FL 33161

Title: S (X) Change () Addition
Name: BALSEIRO, RAUDEL
Address: 13290 W. DIXIE HIGHWAY
City-St-Zip: NORTH MIAMI, FL 33161

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

Title: O (X) Change () Addition
Name: DE ROSA, LUIS OFFICER
Address: 3550 BISCAYNE BOULEVARD, SUITE 300
City-St-Zip: MIAMI, FL 33137

Title: VP () Change (X) Addition
Name: GARCIA, GILBERT
Address: 843 NE 125 STREET
City-St-Zip: NORTH MIAMI, FL 33161

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: LUIS DEROSA, OFFICERS

O

04/16/2009

Electronic Signature of Signing Officer or Director

Date