2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 07, 2008
Secretary of State

DOCUMENT# N07000009549

Entity Name: LAKE CITY HISPANIC HOUSE INC.

Current Principal Place of Business:

280 SW MAIN BLVD.
LAKE CITY, FL 32025

New Principal Place of Business:

1140 SW MARIGOLD PLACE
FORT WHITE, FL 32038

Current Mailing Address:

280 SW MAIN BLVD.
LAKE CITY, FL 32025

New Mailing Address:

1140 SW MARIGOLD PLACE
FORT WHITE, FL 32038

FEI Number: 11-3822477 **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:

CHACON, REYFREDO REV.
1140 SW MARIGOLD PLACE
FORT WHITE, FL 32038 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: REV. REYFREDO CHACON
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: CORTES, LUZ Z REV.
Address: 280 SW MAIN BLVD.
City-St-Zip: LAKE CITY,, FL 32025

Title: VC ( ) Delete
Name: CHACON, REINALDO MIN.
Address: 79 NW 34 TERR.
City-St-Zip: MIAMI, FL 33127

Title: SEC. ( ) Delete
Name: CRUZ, GLORIA DR.
Address: 6318 SW CR-18
City-St-Zip: FORT WHITE, FL 32038

Title: TR. ( ) Delete
Name: CHACON, REYFREDO REV.
Address: 1140 SW MARIGOLD PLACE
City-St-Zip: FORT WHITE, FL 32038

Title: LARG ( ) Delete
Name: ROLLBERG, CONNIE
Address: 4196 WEST US HWY 90
City-St-Zip: LAKE CITY, FL 32055

Title: LARG (X) Delete
Name: PIERCE, JOHN
Address: 996 SW PUTNAM ST. #102
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: CORTES, LUZ Z REV.
Address: 1140 SW MARIGOLD PLACE
City-St-Zip: FORT WHITE, FL 32038

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:

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: REV. LUZ Z. CORTES C 10/07/2008
Electronic Signature of Signing Officer or Director — Date