PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 22 AM 9:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N26394

1. Corporation Name

HISPANIC BUSINESS INSTITUTE OF FLORIDA INC.

Principal Place of Business	Mailing Address
1308 W. SLIGH AVE. #B SUITE B TAMPA FL 33604-5902 US	2308 W. SLIGH AVE. SUITE B TAMPA FL 33604 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96 ar

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
5700 Memorial Hwy.	5700 Memorial Hwy
Suite, Apt. #, etc.: Suite 208	Suite, Apt. #, etc.: Suite 208
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33615 Country: USA	Zip: 33615 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/12/1988

5. FEI Number: 59-2952954 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
T	~~FIGUERIGA, IRENE~~	~~1308 W SLIGH AVE, STE B~~	~~TAMPA FL 33604~~
V	~~DEVIN, ILEANA~~	~~5700 MEMORIAL HWY #208~~	~~TAMPA FL 33634~~
P	~~UNANUE, GEORGE~~	~~1308 W. SLIGH AVE. #B~~	~~TAMPA FL 33604~~
T	Ada M Borasauce	205 W Busch Blvd Suite 200	Tampa, FL 33612
V	John Trujillo	4134 N. Armenia Ave.	Tampa, FL 33607
P	Ileana DeLeon Devin	5700 Memorial Hwy Suite 208	Tampa, FL 33615

8. Name and Address of Current Registered Agent

COHN, VANESSA N.
705 W. AZEELE
TAMPA FL 33606

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9. Name and Address of New Registered Agent

Name: Ada M Borasauce
Street Address (P.O. Box Number is Not Acceptable): 205 W Busch Blvd.
Suite, Apt. #, Etc.: Suite 200
City: Tampa — State: FL — Zip Code: 33612

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 11/11/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: SIGNATURE REQUIRED — Date: 11/11/96 — Daytime Phone #: (813) 886-4787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/96)