

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 20 PM 3:30

DOCUMENT # N38130

1. Corporation Name

**PALM BEACH COUNTY HISPANIC BAR ASSOCIATION, INC.**

2. Principal Office Address

**1801 CENTREPARK DRIVE, EAST**

Suite, Apt. #, etc.

**200**

City & State

**WEST PALM BEACH**

Zip

**33401**

Country

**PALM BEACH**

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/11/90**

5. FEI Number

**65-0196935**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

~~Manuel Farach~~ **MARIANO GARCIA**

Street Address (P.O. Box Number is Not Acceptable)

~~1645 Palm Beach Lakes Boulevard~~ **1801 CENTREPARK DRIVE EAST, SUITE 200**

Suite, Apt. #, Etc.

~~Suite 1200~~ **200**

City

**West Palm Beach, Florida**

State

**FL**

Zip Code

**33401**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date

**10/25/00**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	MARIANO GARCIA	1801 CENTREPARK DRIVE EAST SUITE 200	WEST PALM BEACH, FL 33401
DIR	MANNY FARACH	1645 PALM BEACH LAKES BLVD #12	" "
DIR	JORGE CESTERO	1800 AUSTRALIAN AVES. #203	" " 11/12/00
DIR	EDDIE DIAZ	625 N. FLAGLER DR. #700	" " "
DIR	MARINA PETILLO	1201 US HWY ONE #435	NORTH PALM BEACH 33408
DIR	RAE FRANKS	700 N. OLIVE AVE	WEST PALM BCH, FL 33401

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/1/00 561-697-8088**

Date

Daytime Phone #

CR2E081 (9/99)