

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT -6 AM 8:00

DOCUMENT # *N43211*

1. Corporation Name

HISPANIC AMERICAN ALLIANCE

2. Principal Office Address

731 N. Lime Avenue

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34237

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

800023868398
10/17/03--01005--033 **245.00
REINSTATEMENT *03*

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0259106

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

Yolanda B. Halstead

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

2945 51st Street

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34234

MRS

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 10-2-2003

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
President	Patrick Bidelman	108 Orange Grove Ave.	Nokomis, Fl. 34275
VP	Minton Tinsley	1472 Landing Circle	Sarasota, Fl 34231
S	Carol Donnelly	3415 51st Ave. Circle	Bradenton, Florida
T	Diego Ramos Rivera	731 N. Lime Avenue	Sarasota, Florida
ED	Yolanda B. Halstead	2945 51st Street	Sarasota, Florida 34234

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:

Yolanda B. Halstead
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/2/2003--941-366-1130

Daytime Phone #