

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 JUL 27 AM 7:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000001179

1. Corporation Name  
ALLIANCE OF HISPANICS OF  
THE SPACE COAST, INC.

2. Principal Office Address - No P.O. Box #  
3935 FENROSE CR.

3. Mailing Office Address  
SAME AS BLOCK 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELBOURNE FL

City & State

Zip  
32940

Country  
USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 3/5/1993

5. FEI Number  
59-3178045

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  
TONY CORTES

Street Address (P.O. Box Number is Not Acceptable)  
3935 FENROSE CR

Suite, Apt. #, Etc.

City  
MELBOURNE

State  
FL

Zip Code  
32940

The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Tony Cortes*  
REGISTERED AGENT MUST SIGN

Date 7/21/07

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
P	TONY CORTES	3935 FENROSE CR	MELBOURNE FL 32940
V	JUAN MARRERO	1150 GREENVIEW CT	PALM BAY FL 32907
S	CARMEN MARRERO	1150 GREENVIEW CT	PALM BAY FL 32907
T	FELICIANO ZAYAS	1804 SHAYNE LN NE	PALM BAY FL 32905

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 contained in Chapter 119, 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

*Tony Cortes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/07 (321) 254-1718  
Date Daytime Phone #