
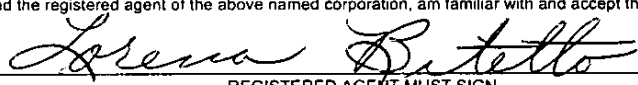



B 182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000002635					
1. Corporation Name Sheriff's Hispanic Advisory Council, Inc.					
2. Principal Office Address 2008 8th Avenue Suite, Apt. #, etc.			3. Mailing Office Address 9320 Exposition Drive Suite, Apt. #, etc.		
City & State Tampa, FL			City & State Tampa, FL		
Zip 33605	Country Hillsborough	Zip 33624	Country Hillsborough	4. Date Incorporated or Qualified To Do Business in Florida 5/17/1996	
5. FEI Number 59-3384069				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				CR2E081 (8/05) T. Roberts JAN 12 2008	
7. Name and Address of Current Registered Agent					
Name Lorena Bitetto					
Street Address (P.O. Box Number is Not Acceptable) 9320 Exposition Drive					
Suite, Apt. #, Etc.					
City Tampa			State FL	Zip Code 33624	
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 1-4-06	
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	
PD	Maritza Astorquiza	4819 N. Hale Ave.		Tampa, FL 33614	
VPD	Norma Lobato	3124 Tampa Bay Blvd.		Tampa, FL 33607	
SD	Lorena Bitetto	9320 Exposition Drive		Tampa, FL 33624	
TD	Linda A. Thorpe	7819 N. Dale Mabry Hwy, Suite 208		Tampa, FL 33614	
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:  Linda A. Thorpe 12/13/05 813 781-8959					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

FILED
JAN 11 PM 3:51
TALLAHASSEE, FLORIDA

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01/19/06--01008--008 **122.50

REINSTATEMENT 04-05

CR2E081 (8/05)
T. Roberts JAN 12 2008

132 of 2

Sheriff's Hispanic Advisory Council, Inc.
9320 Exposition Drive
Tampa, FL 33624

December 13, 2005

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: N96000002635

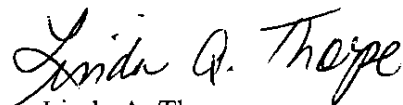
To Whom it May Concern:

Please be advised that we did not receive an application for the annual report notice in 2004.

Enclosed please find an application for reinstatement as well as a check in the amount of \$122.50 for the years 2004 and 2005.

Thank You very much for your assistance in this matter.

Sincerely,



Linda A. Thorpe
Treasurer/Director