PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION ´ FOŘ REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

HISPANIC ASSOCIATION OF LUCENT TECHNOLOGIES

EMPLOYEES, INC.
Principal Place of Business

Mailing Address

FILED 01 JAN -2 AM 11: 58

SECRETARY OF STATE TALLAHASSEE FLORIDA

P.O. Box 691113

ORLANDO, FL. 32869 - 11/3 If above addresses are incorrect in any way, line through incorrect information and enter correction below.					PENK.	STATEMENT QQ Q	
, , ,			3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt	. #, etc.	Suite, Apt. #	Suite, Apt. #, etc.			5. FEI Number Applied For	
City & Sta	te	City & State	City & State			59-3450207 Not Applicable	
Zip	Country Zip		Country		6. CERTIFICATE OF STATUS DESIREO for a Certificate of Status		
7. Names	and Street Addresses of Each Officer a	nd/or Director (Flo	orida nonprofit corpo	rations must list at le	east 3 directors)		
Title(s)	Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers		or	City / State / Zip	
P/T	DANIEL E. SANT	1954 BRANCHWATER TR.			op/ando, F/. 32825		
<u>v/7</u>	Elizabeth M. Stra	9834 CAM	CAMBER YE CIRCLE		OR/ANDO, FI. 32836		
5/7	S/T MAGGIE N. FERREII /			VILLAS LANG	ξ	KISSIMMEE, Pl. 34744	
T/T	T MARIA I. HERCULES 5436			GERRY HW.	s 2d.	OR/ANDO, F/. 328/1	
			,		~	000035355471 -01/12/0101051011 ****358.75 ****358.75	
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent		
	A I. HERCULES			Name			
SY36 BA75ERRY HMS RD Sui DRIAND-, FI. 32811					Street Address (P.O. Box Number is Not Acceptable)		
DR/AND-, Fl. 32811				Suite, Apt. #, Etc.			
	, , , , ,			City		State Zip Code	
10. İ, bein	g appointed the registered agent of the a	bove named corpo	oration, am familiar v	vith and accept the o	obligations of Sec	etion 607.0505, F.S.	
Signature Registered	Agent X///www.few.few.	REGISTERED AG	ENT MUST SIGN			Date 12/27/00	
	nis corporation owes or tangible Personal Prope			ar Yes 🗆] No 🛛	(See other side for information on intangible tax.)	
this rei	nstatement application, the reason for di	ssolution has been e names of individ	eliminated, the corp	orate name satisfies rm do not qualify for	the requirement	napter 607 or 617, F.S. I further certify that when filing s of section 607.0401 or 617.0401, F.S., that all fees nder section 119.07(3)(i), F.S. The information indicated	

TED NAME OF SIGNING OFFICER OR DIRECTOR