PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 APR -6 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000003887

1. Corporation Name
South Florida Human Resources Association, Inc. → Hospitality

400174854484
04/07/10--01029--010 **673.75

REINSTATE 01-10

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
500 Brickell Key Drive	(same)
Suite, Apt. #, etc. ATTN: V. Santisteban	Suite, Apt. #, etc.
City & State Miami	City & State FL
Zip 33131	Country USA
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 7-7-1997

5. FEI Number 65-0777315 ☐ 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: Viviana Santisteban
Street Address (P.O. Box Number is Not Acceptable): 500 Brickell Key Drive
Suite, Apt. #, Etc.: ATTN: HR Dept.
City: Miami State: FL Zip Code: 33131

☑ 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 617.0505, F.S.

Signature of Registered Agent: Viviana V. Santisteban Date: 3/1/10
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
VD	Viviana Santisteban	500 Brickell Key Dr.	Miami FL 33131
SD	Freyda Hyman	2302 NE 197 ST	Miami FL 33180
VD	Frank Kasunic III	500 Brickell Key Dr	Miami FL 33131
D			

10. E-mail Address: vivianas@mohg.com
(To be used for future annual report notification)

11. 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. I further certify, 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: Viviana V. Santisteban 3/1/10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/8 GW