PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.						
CORPORATION REINSTATEMENT	Secr	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 09 SEP -9 PH12: 34		
DOCUMENT # POO( 1. Corporation Name  UNITED HISPANI	TALLAHASSEE, FLORIDA					
Corp.	- ,	, ,				
· · · · · · · · · · · · · · · · · · ·		Mailing Office Address				
7003 N. WATERWAY DI		SAME .		CR2E081 (12/07)		
Suite, Apt. #, etc. 2/3	Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida		
City & State  HIAMI - FLORIDA	City & State	City & State			Applied For	
Zip Country	Zip	Country	5. FEI Number 65/03	5113	Not Applicable	
33155 Country	Zip	Country	6. CERTIFICATE OF		5 Additional Fee required ra Certificate of Status	
7. Name and Addre	s of Current Registered	Agent				
Name Aurelio DOGO	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you					
Street Address (P.O. Box Number is Not Accept						
Fuite, Apt. #, Etc.				are certifying the prior notices were not		
2/3	received and requesting the reinstatement fee be waived.					
City MIHFII		State Zip Code FL 33/5ち				
8. I, being appointed the registered agent of the	above named corporation	, am familiar with and accept the ol	bligations of section (	607.0505 or 617.0503, F.S.		
Signature of Registered Agent Curules Dugue 19/9/09						
Registered Agent REGISTERED AGENT MUST SIGN				Date // 4/		
9. Names and Street Addresses of Each Office	r and/or Director (Florida n	onprofit corporations must list at le	ast 3 directors)			
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State	a / Zip	
PR. AURELIO DUQUE		340 SW 89 AVC		YIAHI - FL - 3	33165	
			#00160442874 09/0901023012 **1050.00			
REINSTATEMENT						
				07	09	
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 filling 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	ula Du	rque	9/0	7/09		
SIGNATURE AND TYPED O	R PRINTED NAME OF SIGNIN	GOFFICER OR DIRECTOR	, , , , , , , , , , , , , , , , , , ,	ala Dayti	me Phone #	

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