

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 DEC -3 AM 9:36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P01000072970
 1. Corporation Name
HISPANIC ACCESS, INC

Principal Place of Business Mailing Address
 4005 RAPIDS CT P O BOX 721362
 ORLANDO FL 32822 ORLANDO FL 32872-1362



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
 4005 RAPIDS CT.
 Suite, Apt. #, etc.
 City & State ORLANDO FL 32822
 Zip 32822 Country U.S.A.

3. New Mailing Office Address, If Applicable
 4005 RAPIDS CT
 Suite, Apt. #, etc.
 City & State ORLANDO Florida
 Zip 32822 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 07/23/2001

5. FEI Number 59-3736447
 Applied For. Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	DELGADO, DIEGO R	4005 RAPIDS CT	ORLANDO FL 32822

000009320610
 12/03/02--01059--002 **150.00

8. Name and Address of Current Registered Agent
 DELGADO, DIEGO R
 4005 RAPIDS CT
 ORLANDO FL 32822

9. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State FL Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** REGISTERED AGENT MUST SIGN Date 11/07/02

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 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: *[Signature]* 11/07/02 (407) 928-5109
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/02)

October 24, 2002

HISPANIC ACCESS, INC
4005 RAPIDS CT
ORLANDO FL 32822

RE: ANNUAL REPORT PENALTY'S

To Whom It May Concern:

THIS LETTER IS TO LET YOU KNOW THAT I NEVER RECEIVED THE ANNUAL UNIFORM REPORT, DUE TO A DIFFERENT ADDRESS. I'M ENCLOSING A REPORT WITH THE NEW INFORMATION, I ASK PLEASE TO WAIVE THE PENALTY FEES DUE TO THE FACT THAT I NEVER RECEIVED THE REPORTS.

SINCERELY,


DIEGO R DELGADO.

FOR THE DIRECTOR OF THE FLORIDA DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA 32310-0001

10/24/02 10:00 AM