

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -5 PM 5:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01600074033**

1. Corporation Name

**Hispanic Strategic Consultants,  
Inc.**

2. Principal Office Address

**8547 Sidon St**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**Orlando FL**

City & State

Zip

Country

**32817**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**59-3732569**

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

**Maria T. Diaz Urbino**

Street Address (P.O. Box Number is Not Acceptable)

**8547 Sidon St**

Suite, Apt. #, Etc.

City

**Orlando**

State

**FL**

Zip Code

**32817**

**100024429931**

**11/05/03--01013--007 \*\*150 00**

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

**Maria T. Diaz Urbino**

Date

**10/29/03**

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
DPT	Maria T. Diaz Urbino	8547 Sidon St	Orlando FL 32817
DVS	Victor R. Urbino	8547 Sidon St	Orlando FL 32817

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:

**Maria T. Diaz Urbino**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/29/03**

Date

Daytime Phone #

**407 765 7948**

CR2001 (10/02)

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**HISPANIC  
STRATEGIC,  
CONSULTANTS INC.**

**8547 Sidon St. Orlando, FL 32817  
Tel. 407.765.7948 Fax. 407.657.9403  
email: v.urbino@att.net**

October 29, 2003

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Division of Corporations Representative,

Enclosed please find a check for \$150.00 and a Corporation Reinstatement form for Hispanic Strategic Consultants Inc. EIN 59-3732569. I moved to a new address and never received the paperwork to file in 2003.

If you have any questions, please call me at 407.765.7948. Thank you for your consideration.

Sincerely,



Maria T. Diaz Urbino  
President