

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 NOV 13 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000136917

1. Corporation Name

LA FAMILIA HISPANA, INC.

**REINSTATEMENT** 06

2. Principal Office Address

2101 N. DIXIE HWY

3. Mailing Office Address

2101 N. DIXIE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL.

City & State

LAKE WORTH, FL.

Zip

33460

Country

U.S.A

Zip

33460

Country

U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

11/29/03

5. FEI Number

37-1479199

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

Margarita Hernandez

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

724 Hunter St.

Suite, Apt. #, Etc.

City

W. P. B.

State

FL

Zip Code

33405

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

*Margarita Hernandez*  
REGISTERED AGENT MUST SIGN

Date

11-3-06

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
P	NORBERTO ROJAS	4211 TURNBERRY APT. 502	LAKE WORTH, FL. 33467
VP	MARGARITA HERNANDEZ	724 HUNTER ST.	W. PALM BEACH, FL. 33405

800080876888  
10/16/06--01045--001 \*\*150.00

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:

*Norberto Rojas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORBERTO ROJAS

10/02/06 (561) 586-7447

Date

Daytime Phone #

2 of 2

October 2, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: La Familia Hispana, Inc.  
P03000136917  
Reinstatement

To Whom It May Concern:

Enclosed find check for \$150.00 to pay for the 2006 Annual Report. I never received the original notice and I did not know the Corporation had been dissolved.

Sincerely,

  
\_\_\_\_\_  
Norberto Rojas