


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P29507

1. Corporation Name

LULAC NATIONAL EDUCATIONAL SERVICE CENTERS, INC

Principal Place of Business

946 SW 82ND AVE
MIAMI FL 33144
US

Mailing Address

1133 20TH ST NW
STE 750
WASHINGTON DC 20036
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/24/1990

5. FEI Number

23-7262876

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
DC	ROBLES, BELEN Flores, Hector	3338 FILLMORE 1030 Tracy	EL PASO TX Duncanville, TX 75137
VD	GARZA A, JOHN	2700 N CENTRAL AVE, STE 7000	PHOENIX AZ 85004
SD	FIMBRES, RICHARD	1617 EAST MILES	TUCSON AZ
TD	QUELERO, DOLORES Dora Doralina Enriquez	4800 LAMONTE, #311 3700 Buffalo Speedway	HOUSTON TX 77002 Houston, TX 77098
DD	PEONES, HECTOR Pacheco, Joe	1030 TRACY 17439 Bellflower Blvd.	DUNCANVILLE TX 75137 Bellflower, CA 90706

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARTINEZ, LETTY
946 SW 82ND AVE
MIAMI FL 33144

Name

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

Suite, Apt. #, Etc.

City

300002701823--0

-12/03/98--01067--003

****236 25 ****236 25

State Zip Code

FL

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.

Signature of Registered Agent

Letty Martinez

REGISTERED AGENT MUST SIGN

Date 11/16/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See instructions for information on intangible tax.)

12. 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:

Hector Flores

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/98
Date

202-408-0060
Daytime Phone #

FILED

98 NOV 19 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

CR2E040 (9/98)