

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

**FILED**  
98 NOV 19 AM 7:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P29507**  
1. Corporation Name  
**LULAC NATIONAL EDUCATIONAL SERVICE CENTERS, INC**

Principal Place of Business Mailing Address  
946 SW 82ND AVE 1133 20TH ST NW  
MIAMI FL 33144 STE 750  
US WASHINGTON DC 20036  
US

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



**REINSTATEMENT**

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/24/1990	
City & State		City & State		5. FEI Number	
Zip		Country		23-7262876	
				Applied For	
				Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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	<del>ROBLES, BELEN</del> Flores, Hector	<del>3338 FILLMORE</del> 1030 TRACY	<del>EL PASO TX</del> 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	<del>QUEJERO, ENRIQUE</del> Alma Doralina Enrique	<del>4800 LA MONTE #311</del> 3700 Buffalo Speedway	<del>HOUSTON TX 77002</del> Houston, TX 77098
DD	<del>ROBLES, HECTOR</del> Pacheco, Joe	<del>1030 TRACY</del> 17439 Bellflower Blvd.	<del>DUNCANVILLE TX 75137</del> 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) 300002701823--0 Suite, Apt. #, Etc. -12/03/98--01067--003 City 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 **REGISTERED AGENT MUST SIGN** Date: 11/16/98 Daytime Phone #: 202-408-0060

CR2E040 (9/98)