

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 MAR -2 AM 9:18

DOCUMENT # P29507

1. Corporation Name

LULAC NATIONAL EDUCATIONAL SERVICE CENTERS, INC

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 300003929043--9
 -03/29/01--01045--002
 *****61.25 *****61.25

Principal Place of Business

Mailing Address

946 SW 82ND AVE
 MIAMI FL 33144
 US

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.



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

05/24/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

23-7262876

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

20036

US

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DC	FLORES, HECTOR	1030 TRACY	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	DOVALINA, ENRIQUE	3700 BUFFALO SPEEDWAY	HOUSTON TX 77098
DD	PACHECO, JOE	17439 BELLFLOWER BLVD.	BELLFLOWER CA 90706
			300003929043--9 -03/29/01--01045--001 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

MARTINEZ, LETTY
 946 SW 82ND AVE
 MIAMI FL 33144

9. Name and Address of New Registered Agent

Name Dulce Diaz
 Street Address (P.O. Box Number is Not Acceptable) 946 S.W. 82nd Avenue
 Suite, Apt. #, Etc.
 Miami
 City

State FL Zip Code 33144

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 1/31/2001

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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/01

Date

Daytime Phone #

CR2E040 (8/00)