

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

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.

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

20036

US

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)

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 607.0505, F.S.

Signature of
Registered Agent

[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:

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

Date

1/29/01

Daytime Phone #

CR2E040 (8/00)