## PLEASÉ READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED  04 DEC -3 PM 1: 37  SECRETARY OF STATE
DOCUMENT # <i>P980000</i> 7/5/3  1. Corporation Name		TALLAHASSEE, FLORIDA
Hidalgo Servicios Hispanos, Inc.		
WHY = 33665		
2. Principal Office Address 3805 Palm Beh Blud #7	3. Mailing Office Address P.O. Box 50341	REINSTATEMENT 00=04
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-4: Date Incorporated or Qualified
City & State	City & State	To Do Business in Florida 8///1998
Ft. Myers F1.	H. Myers Fl	5. FEI Number 86 0 20 5   Applied For   Not Applicable
33916 Country LCC	33994 Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name Yaskara Hidako		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City Lehish acres State Zip Code FL 33936		
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 Date Date Date Date Date Date Date Dat		
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 Eac Officer and/or Directo	
Pres. Yaskara Rodriguez A	Hidalgo Lehigh acres, H.	33936 Lehigh Acres, A, 33936
		700043218357 12/06/0401063013 **750.00
		700043218357 12/06/0401063014 **600.00
	·	700448218357
		12/04/04/01063015 **8.75
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 filling 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:  Date  Date  Desprime Phone #		
SINTERFORE AND ITTED ON REPORTED HAME OF SIGNING OFFICER ON DIRECTION // Dails Dayling Phone #		

10/19/0420/2

To Whom It May Concern:

I YASKARA HIDALGO PRESIDENT OF HIDALGO SERVICIOS HISPANOS, INC., AM WRITING THIS LETTER ASKING YOU TO PLEASE LET ME REINSTATE THE CORPORATION AND TO LET YOU KNOW THAT I HAVE NOT PAID THE STATE CORPORATION, BECAUSE I DID NOT RECEIVE ANY ANNUAL REPORT FORMS OR LETTERS FROM THE STATE ALL THIS TIME AND I ALSO HAD A DIFFERENT ACCOUNTANT AND HE NEVER INFORMED ME THE PROCEDURE WITH THE STATE.

I NEVER INTENTIONALLY MENT TO DO WRONG. THE COMPANY # IS P98000071513 AND THE CORRECT ADDRESS IS P.O. BOX 50341, FT. MYERS, FL 33994. I GET ALL MAIL FOR THE BUSSINES AT THIS ADDRESS. MY MAILING ADDRESS IS 903 ALCALA AVE. LEHIGH ACRES, FL 33936

Thank you,

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