	ncipal Place of Business: DINTE PKWY SUITE 119 . 32819		CR020722	5477
Current Mai	iling Address:			
	POINTE PKWY SUITE 119 FL 32819 US			
FEI Number: 02-0602097		Certificate of Status Desired: No		
Name and A	Address of Current Registered Agent:			
PARRA, LUIS 7751 KINGSPC ORLANDO, FL	DINTE PKWY SUITE 119 32819 US			
The above name	d entity submits this statement for the purpose of changing its reg	gistered office or regis	tered agent, or both, in the State of Florida.	
	d entity submits this statement for the purpose of changing its reg E: LUIS PARRA	gistered office or regis		)/06/2018
		gistered office or regis		
SIGNATURE	E: LUIS PARRA	gistered office or regis		)/06/2018
SIGNATURE	E: LUIS PARRA Electronic Signature of Registered Agent	gistered office or regis		)/06/2018
SIGNATURE Officer/Dire	E: LUIS PARRA Electronic Signature of Registered Agent ctor Detail :		10	)/06/2018
SIGNATURE Officer/Dire	E: LUIS PARRA Electronic Signature of Registered Agent ctor Detail : P	Title	VP	)/06/2018
SIGNATURE Officer/Dire Title Name	E: LUIS PARRA Electronic Signature of Registered Agent ctor Detail : P SAENZ QUINTERO, CLAUDIA M 14438 DULCIMER CT	Title Name	VP BLANCO, HECTOR H CARRENO 14438 DULCIMER CT	)/06/2018
SIGNATURE Officer/Dire Title Name Address	E: LUIS PARRA Electronic Signature of Registered Agent ctor Detail : P SAENZ QUINTERO, CLAUDIA M 14438 DULCIMER CT	Title Name Address	VP BLANCO, HECTOR H CARRENO 14438 DULCIMER CT	)/06/2018
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	E: LUIS PARRA Electronic Signature of Registered Agent ctor Detail : P SAENZ QUINTERO, CLAUDIA M 14438 DULCIMER CT ORLANDO FL 32837	Title Name Address	VP BLANCO, HECTOR H CARRENO 14438 DULCIMER CT	)/06/2018
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	E: LUIS PARRA Electronic Signature of Registered Agent ctor Detail : P SAENZ QUINTERO, CLAUDIA M 14438 DULCIMER CT ORLANDO FL 32837 T	Title Name Address	VP BLANCO, HECTOR H CARRENO 14438 DULCIMER CT	)/06/2018

2018 FOREIGN NOT FOR PROFIT CORPORATION REINSTATEMENT

Entity Name: LATINO COMMUNITY CENTER, CORPORATION

DOCUMENT# F16000004681

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CLAUDIA M SAENZ QUINTERO

PRESIDENT

10/06/2018

FILED Oct 06, 2018

**Secretary of State** 

CR0287229477

Electronic Signature of Signing Officer/Director Detail