

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION
REINSTATEMENT**

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

FILED

02 MAR 11 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000009879**

1. Corporation Name
Latino Amusement of Oade, Inc.

2. Principal Office Address
7750 W. 24 AVE.

Suite, Apt. #, etc.
Bay #28

City & State
Hialeah, FL.

Zip Country
33016 USA

3. Mailing Office Address
7750 W. 24 AVE.

Suite, Apt. #, etc.
Bay #28

City & State
Hialeah, FL.

Zip Country
33016 USA

REINSTATEMENT 00-02

4. Date Incorporated or Qualified To Do Business in Florida
Jan. 30, 1998

5. FEI Number
650809347

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name **Selvia Perez** **900005108479-7**
Street Address (P.O. Box Number is Not Acceptable) **4141 S.W. 97 Pl.** **-03/14/02--01064--008**
Suite, Apt. #, Etc. *****1058, 75 ***1058, 75**
City **Miami** State **FL** Zip Code **33165**

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 **[Signature]** Date **3/8/02**
REGISTERED AGENT MUST SIGN

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 Each Officer and/or Director	City / State / Zip
President	Selvia Perez	4141 S.W. 97 Pl. Miami, FL.	Miami, FL. 33165

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 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]** **Selvia Perez** **3/8/02** **305-823-5153**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #