

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 DEC 30 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/30/09--01042--005 **150.00

REINSTATEMENT 09

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000009879

1. Corporation Name

LATINO AMUSEMENT OF DADE INC

2. Principal Office Address - No P.O. Box # 4141 SW 97 PLACE		3. Mailing Office Address 1800 W 49 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 223	
City & State MIAMI, FLORIDA		City & State HIALEAH, FLORIDA	
Zip 33165	Country MIAMI DADE	Zip 33012	Country MIAMI DADE

4. Date Incorporated or Qualified To Do Business in Florida 01/01/1998

5. FEI Number 65-0809347 Applied For Not Applicable

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

Street Address (P.O. Box Number is Not Acceptable)
4141 SW 97 PLACE

Suite, Apt #, Etc

City
MIAMI

State
FL

Zip Code
33165

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Sylvia Perez* REGISTERED AGENT MUST SIGN

Date 12/28/2009

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
P	Auberto A. Cedeno	1339 W 30 St Apt 4	Hialeah, FI 33012

10. E-mail Address: lopezaccounting@yahoo.com (To be used for future annual report notification)

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. I further certify, 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: *Auberto A. Cedeno* 12/28/2009 908-906-2659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

12/31/09