


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 NOV 26 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000009879

1. Corporation Name
LATINO AMUSEMENT OF DADE, INC.
7750 W 24 AVE BAY 28, HIALEAH, FL 33016

2. Principal Office Address 7750 W 24 AVE		3. Mailing Office Address	
Suite, Apt. #, etc. BAY 28		Suite, Apt. #, etc.	
City & State HIALEAH, FL		City & State	
Zip 33016	Country MIAMI-DADE	Zip	Country

800025525888
12/16/03--01034--017 **758.75

REINSTATEMENT 2003

4. Date Incorporated or Qualified To Do Business in Florida 01/30/98

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 S W 97TH PLACE

Suite, Apt. #, Etc.:

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: 11/25/2003

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
P	SELVIA PEREZ	4141 S W 97TH PLACE	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)(l), 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: 11/25/2003

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

CR2E081 (10/02)