


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 26 AM 10:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000009604

1. Corporation Name
LATIN VENTURES 2000, INC.

2. Principal Office Address <u>820 E. BLOOMINGDALE AVENUE</u> City & State <u>BRANDON, FLORIDA</u> Zip <u>33511</u> Country <u>USA</u>		3. Mailing Office Address <u>7740 S.W. 50TH COURT</u> City & State <u>MIAMI FLORIDA</u> Zip <u>33143</u> Country <u>USA</u>	
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REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida
1-23-99

5. FEI Number
59-3558461

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

7. Name and Address of Current Registered Agent

Name
PETER OLECK

Street Address (P.O. Box Number is Not Acceptable)
7740 S.W. 50TH COURT

Suite, Apt. #, Etc.

City
MIAMI FL.

State
FL

Zip Code
33143

900025771139
12/26/03--01036--003 **150.00

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 Peter Oleck Date 12/19/03

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
D.P.	JORGE A. BONCE	2537 S.W. 14TH ST.	MIAMI FL. 33145
D.T.S.	PETER OLECK	7740 S.W. 50TH COURT	MIAMI, FL. 33143
D.V.P.	JUDITH BONCE	2537 S.W. 14TH ST.	MIAMI, FL 33145
D.V.P.	CARY OLECK	7740 S.W. 50TH COURT	MIAMI, FL. 33143

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: Peter Oleck Date 12/19/03 Daytime Phone # 305-925-2660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER OLECK DIRECTOR

CR2E081 (10/02)

**LATIN VENTURES 2000 INC.
7740 S.W. 50TH COURT
MIAMI, FLORIDA 33143**

December 19, 2003

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

RE: Corporation Reinstatement
Document Number: # P99000009604

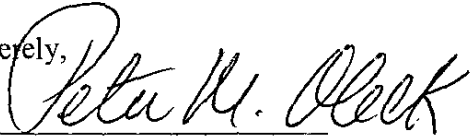
Dear Sir/Madam:

Enclosed please find the Corporation Reinstatement form and a check in the amount of \$ 150.00 for the filing fees. We hereby request that the \$ 600 reinstatement fee be waived based on the following reasons:

I Peter M. Oleck am an officer/director of the above stated corporation. Additionally, for the record, the above stated corporation never received the 2003 Uniform Business Report and any subsequent notices indicating that company would be rendered inactive by means of Administrative Dissolution if report was not filed and fee paid. The company moved and changed its address during the prior year and never received the notices. The company was informed that the corporation was rendered inactive by a third party and has now prepared and submitted the Corporation Reinstatement form. The company has a past record of compliance with the department of state.

If you have a further questions please do not hesitate to contact me.

Sincerely,



Peter M. Oleck
Officer/Director

Encl: