PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 28 PM 12:48

DOCUMENT # **P00000005328**

1. Corporation Name

UNILATINA CORP.

Principal Place of Business	Mailing Address
1731 NW 88TH WAY PEMBROKE PINES FL 33024	1731 NW 88TH WAY PEMBROKE PINES FL 33024

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 01

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
3452 S University Drive	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Davie, FL	City & State
Zip: 33328 Country: U.S	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/18/2000

5. FEI Number: 65-0973570 ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MOYANO, JULIO A	1731 NW 88TH WAY	PEMBROKE PINES FL 33024
D	BEATRIZ BAUTISTA, LYDIA	1731 NW 88TH WAY	PEMBROKE PINES FL 33024
D	MOYANO, ANGELICA	1731 NW 88TH WAY	PEMBROKE PINES FL 33024
D	MOYANO, MARCELA	1731 NW 88TH WAY	PEMBROKE PINES FL 33024
D	MOYANO, LINA MARIA	1731 NW 88TH WAY	PEMBROKE PINES FL 33024
D	MOYANO, LILIANA	1731 NW 88TH WAY	PEMBROKE PINES FL 33024

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MOYANO, JULIO A 1731 NW 88TH WAY PEMBROKE PINES FL 33024	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State: FL Zip Code

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-12/10/01--01088--012
****758.75 ****758.75

CR2E040 (8/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: JULIO ALBERTO MOYANO Date: 11-23-01
REGISTERED AGENT MUST SIGN

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 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: JULIO ALBERTO MOYANO 11-23-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #