
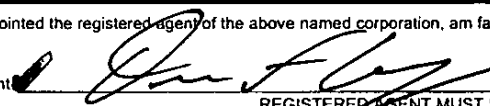
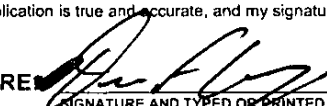


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 JUL -5 PM 4:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 729336				
1. Corporation Name LATIN AMERICAN CLUB OF THE TREASURE COAST, INC.				
2. Principal Office Address 2013 S. W. Trenton Lane		3. Mailing Office Address P.O. Box 9111		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State Port St. Lucie, Florida		City & State Port St. Lucie, Florida		
Zip 34985	Country USA	Zip 34985	Country USA	
4. Date Incorporated or Qualified To Do Business in Florida Sept. 23, 1973		5. FEI Number 59-1602648		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name Guayana, Omar				
Street Address (P.O. Box Number is Not Acceptable) 4440 S.W. Archer Road				
Suite, Apt. #, Etc. 1104				
City Gainesville		State FL	Zip Code 32608	
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 		Date <u>May 30, 2005</u>		
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	
PD	Guayana, Omar	4441 S.W. Archer Road, #1104	Gainesville, Florida 32608	
TD	Guayana, Jorge	2013 S.W. Trenton Lane	Port St. Lucie, Florida 34984	
VD	Velasquez, Rafael	22030 20th Avenue, SE, Suite 202	Bothell, WA 98021	
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 		Date <u>May 30, 2005</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #		

[Handwritten mark]

REINSTATEMENT 04/05

CR2E001 (01/05)