PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 DEC 26 AM 8:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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****175.00 ****175.00

DOCUMENT # 734111

1. Corporation Name: Latin Chamber of Commerce of the Tampa Bay Area, Inc.

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
4230 S. MacDill Ave.	201 N. Franklin St.
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 2700
City & State: Tampa FL	City & State: Tampa FL
Zip: 33611 Country: USA	Zip: 33602 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/20/75

5. FEI Number: 591717804 ☐ 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

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Name: Ricardo A. Roig, Esq.
Street Address (P.O. Box Number is Not Acceptable): 201 N. Franklin Street
Suite, Apt. #, Etc.: Suite 2700
City: Tampa State: FL Zip Code: 33602

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 12/4/00
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	Ricardo A. Roig	201 N. Franklin St Suite 2700	Tampa FL 33602
President Elect D	Juan Vega, Jr.	Carter & Associates 405 N. Reo Street Suite 160	Tampa, FL 33609
VPD	Ralph del Rio	Martin Lithograph P.O. Box 4240	Tampa, FL 33677-4240
TD	Mariela Perez	5586 Harborside Drive	Tampa, FL 33615
SD	Tiki Canunas-Clark	4913 N. Habana Avenue	Tampa, FL 33614
			KE

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: Ricardo A. Roig President 12/4/00 813 2240526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #