

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR -8 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000002953

1. Corporation Name

LATINAMERICANJOBS.COM, INC.

2. Principal Office Address

110 S.E. 6th Street

3. Mailing Office Address

110 S.E. 6th Street

Suite, Apt. #, etc.

Ste. #1950

Suite, Apt. #, etc.

Ste. #1950

City & State

City & State

Ft. Lauderdale, FL

Ft. Lauderdale, FL

Zip

Country

33301

USA

Zip

Country

33301

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0998667

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

Peninsula Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)

200 S. Biscayne Boulevard

Suite, Apt. #, Etc.

43rd Floor

City

Miami

600005418976--0

-05/02/02--0100--005

***750.00 ***750.00

600005418976--0

-05/02/02--0100--006

***150.00 ***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

By: Peninsula Registered Agents, Inc.

REGISTERED AGENT MUST SIGN

Date

3/14/02

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
C/P/S	Sion, Mauricio D.	110 S.E. 6th St. #1950	Ft. Lauderdale, FL 33301
D/T	Sion, Laura	110 S.E. 6th St. #1950	Ft. Lauderdale, FL 33301

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mauricio D. Sion, President

Date

3/14/02 954/4678770

Daytime Phone #

CR2E081 (9/01)