

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F00000003927

1. Corporation Name

LATIN AMERICAN BROADBAND, INC.

Principal Place of Business

102 WEST 500 SOUTH  
SALT LAKE CITY UT 84111

Mailing Address

102 WEST 500 SOUTH  
SALT LAKE CITY UT 84111

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07-18-01 90010 008 8550.60  
07/11/2000

5. FEI Number

87-0656628

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	REYNOLDS, BRIAN	1300 SAWGRASS CORPORATE PARKWAY,	SUNRISE FL 33323
VC	D'AMBROSIO, TROY	102 W. 500 S.	SALT LAKE CITY UT 84101
S	SANSONE, ANTHONY	102 W. 500 S.	SALT LAKE CITY UT 84101

8. Name and Address of Current Registered Agent

SLOVINSKI, JERRY  
1300 SAWGRASS CORPORATE PARKWAY, STE 110  
SUNRISE FL 33323

9. Name and Address of New Registered Agent

Name

Gary Barlow

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

1300 Sawgrass Corporate Parkway, Ste 110

Suite, Apt. #, Etc.

City

Sunrise

State

FL

Zip Code

33323

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/12/01

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:

SIGNATURE REQUIRED  
Anthony J. Sansone

10/12/01

801-328-5618

Date

Daytime Phone #

CR2E040 (8/01)