

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
F00000005471

FILED

03-JAN-6 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000005471
1. Corporation Name

LATIN3, INC.

2. Principal Office Address

12000 Biscayne Blvd

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33181

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/29/2000

5. FEI Number

65-1043247

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

MATIAS PEREL

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

SAME AS ABOVE

Suite, Apt. #, Etc.

12000 Biscayne Blvd., #202

City

Miami

State

FL

Zip Code

33181

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 01/01/2003

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
CEO	MATIAS PEREL	SAME AS ABOVE	
		12000 Biscayne Blvd. #202	Miami, FL
			33181

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

Date

01/01/2003 305 8954994

Daytime Phone #

CR2E081 (10/02)

Zeel

January 1, 2003

Department of State
Division of corporations
409 East Gaines Street
Tallahassee, FL 32399

Dear Michelle Milligan,

As per our phone conversation, I am writing to you to inform you that the reason why I did not send the annual report in a timely fashion is because I have never received it.

As we have discussed on the phone, I am enclosing the reinstatement application together with the check for US\$ 300 that should cover our dues for the years 2002 and 2003.

It was a real pleasure speaking with you on the phone.

Best regards,

Matias



Matias Perel
President
e-mail: matias@latin3.com

Notice New Address

