PLEASE READ	ALL INSTRUCTIONS	BEFORE COMPI	ETING THIS BOH	<b>50</b>	
APPLICATION REINSTATEMENT	FLORIDA DEPARTMEN Sandra B. Mor Secretary of S DIVISION OF CORPOR	NT OF STATE tham State	ARD FILED 1997 NOV -3 PY		
DOCUMENT # <b>F9600002392</b>			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
1. Corporation Name  LATINREP ASSOCIATES, INC.			TALL CATALOGUE F	COMON	
Principal Place of Business 4825 FIRST STREET, SUITE 110 PLEASANTON CA 94566	Mailing Address 4625 FIRST STREET, SUITE 110 PLEASANTON CA 94566				
If above addresses are incorrect in any way, line thr  2. New Principal Office Address, If Applicable  BROADWAY  Suite, Apt. #, etc.	3. New Mailing Office Address, If A Sulte, Apt. #, etc.	Applicable 4. Date		05/13/1996 Applied For	
City & State OAKLAND CA	City & State OAKLAND Country Country	6.	s	Not Applicable 8.75 Additional Fee required	
7. Names and Street Addresses of Each Officer and	194613 US	SA CERT	FICATE OF STATUS DESIRED	for a Certificate of Status	
Title(s) Name of Officers and/or Directors 2	Str. Off 3 (Do NOT Us	Street Address of Each Officer and/or Director On NOT Use Post Office Box Numbers)  City / State / Zip 4		State / Zip	
POD DENNIS, MURRAY L	890 GRAY-FOX-C	SIRCLE	PLEASANTON CA		
STD RICHARD, KEN	4234 COOLIDGE	AVE	OAKLAND CA	OAKLAND CA	
•			400002340 -11/06/97 ****165,00	-010990 <b>a</b> 5, 🔼	
8. Name and Address of Current	Registered Agent	**	and Address of New Registere	d Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Street Address (P.O. Box Number is Not Acceptable)  13				
10. I, being appointed the registered agent of the about the signature of Registered Agent Registered	ove named corporation, am familiar wi	Wiami 1200	<u>た</u> / F		
11. This corporation owes or had Intangible Personal Proper		ar Yes 🗹 No [		side for information tangible tax.)	
12. I certify that I am an officer or director or the receiths reinstatement application, the reason for dissourced by the corporation have been paid and the on this application is true and accurate, and my significant supplication is true and accurate.	olution has been eliminated, the corpo names of individuals listed on this forr	rate name satisfies the require m do not qualify for an exempt act as if made under oath.	ments of section 607,0401 or 617	.0401, F.S., that all fees	



Corporate Office LatinRep Associates, Inc. 1970 Broadway, Suite 1040 Oakland, California 94612 tel 510•433•5950 fax 510•433•5959 internet sales@latinrep.com

Miami Office LatinRep Associates, Inc. 1100 Alton Road, #2E Miami Beach, Florida 33139 tel 305.672.1686 fax 305.674.0554 October 30, 1997

Florida Department of State
Sandra B Mortham
Secretary of State
Division of Corporations
Annual Reports / Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

We would like to ask that the Reinstatement fee be waived upon filing our annual report.

Possibly due to our move last November, we did not receive the notices that we needed to refile. However, now that I am aware of this requirement, it will be filed in a timely manner in the future.

I would appreciate it if the fee could be waived and that you will accept our enclosed check for \$165.00 as full payment.

I apologize for any inconvenience this may have caused.

Kenneth Richard

LatinRep Assiciates, Inc.