

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 DEC 30 PM 12: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H38777

1. Corporation Name

LATIN AMERICAN COFFEE & COMMODITIES, INC.

Principal Place of Business

1220 ATLANTA AVENUE  
ORLANDO FL 32806  
US

Mailing Address

1220 ATLANTA DRIVE  
ORLANDO FL 32806  
US

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

01/21/1985

5. FEI Number

59-2632856

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PM	LAMASTUS, LEONARD	2013 TUXEDO AVE.	ORLANDO FL
V	FARIAS, CARMEN	8107 PAMLICO ST	ORLANDO FL
T	LAMASTUS, THATCHER	1202 REGAL RIDGE DR.	ORLANDO FL
S	LAMASTUS, DARYLAINE	2013 TUXEDO AVENUE	ORLANDO FL
D	LAMASTUS, PATRICK	2013 TUXEDO AVE.	ORLANDO FL
C	LAMASTUS, LUIS	1202 REGAL RIDGE DR.	ORLANDO FL

8. Name and Address of Current Registered Agent

LAMASTUS, LEONARD  
2013 TUXEDO AVENUE  
#A  
ORLANDO FL 32807

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is not acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

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

12/24/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/24/98

Daytime Phone #

CR2EMG (9/98)