

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 30 AM 9:26

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

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****150.00 ****150.00



REINSTATEMENT 01-02

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	LAMASTUS, LEONARD W	2013 TUXEDO AVENUE	ORLANDO FL 32807
V	LAMASTUS, PATRICK	5406 BIRCHBEND LOOP	OVIEDO FL 32765
T	LAMASTUS, WILFORD	2013 TUXEDO AVENUE	ORLANDO FL 32807
S	ARCE, FEDERREO	4830 S. SEMOLAN BLVD., #1103	ORLANDO FL 32829
D	LAMASTUS, THARDER	CARRETERA #2 ICM 18 4 BLOQUE	CANDELARO TOA PR 00920

8. Name and Address of Current Registered Agent

LAMASTUS, LEONARD W
2013 TUXEDO AVENUE
ORLANDO FL 32807

9. Name and Address of New Registered Agent

Name

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

958 OAK DRIVE

Suite, Apt. #, Etc.

City

OVIEDO

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****750.00 ****12734.50

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

REGISTERED AGENT MUST SIGN

Date

2/25/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/02

CR2E040 (8/01)