

PLEASE READ ALL INSTRUCTIONS BEFORE CO

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 07 1997 8:00 am
Secretary of State

DOCUMENT # **H82343**

1. Corporation Name

LATIN SUNSET, INC.

Principal Place of Business

**9441 SW 103RD STREET
MIAMI FL 33176**

Mailing Address

**LATIN SUNSET, INC
9606 S.W. 72 ST
MIAMI FL 33173
US**



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

2. New Principal Office Address, If Applicable

9606 SW 72 ST.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33173

Country

US

City & State

Zip

Country

REINSTATEMENT 99

4. Date Incorporated or Qualified
To Do Business In Florida

10/23/1985

5. FEI Number **59-2684424**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	GALINDO, RAUL	9441 SW 103RD STREET	MIAMI FL

7000002345237-1
-11/12/97-01105-016
****750.00 ****750.00

\$8711/10

8. Name and Address of Current Registered Agent

**RAUL GALINDO
9441 SW 103RD STREET
MIAMI FL 33176**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

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

REGISTERED AGENT MUST SIGN

Date

10/30/97

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:

RAUL GALINDO

Date

10/30/97 (205) 448-7331

Daytime Phone #

CR2E040 (8/97)