

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
99 APR 13 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K88205

1. Corporation Name

LATIN AMERICAN FOWARDING COMPANY

Principal Place of Business

Mailing Address

**14751 DAY LILY CT.
ORLANDO, FLORIDA 32824**

900002838029--4
-04/13/99--01009--034
******908.75 ****908.75**

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

2. New Principal Office Address, If Applicable
14751 DAY LILY CT.

3. New Mailing Office Address, If Applicable
1970 E. OSCEOLA

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/1989

Suite, Apt. #, etc

Suite, Apt. #, etc

115

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

ORLANDO, FLORIDA

City & State

KISSIMMEE, FLORIDA

Zip

32824

Country

U.S

Zip

34743

Country

U.S

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
CHAIRMAN	GABRIEL VALLE	14751 DAY LILY CT.	ORLANDO, FLORIDA 32824
PRESS	DANY GUERRERO	14751 DAY LILY CT.	ORLANDO, FLORIDA 32824
VICE-PR	DANY GUERRERO	14751 DAY LILY CT.	ORLANDO, FLORIDA 32824
SECT	DANY GUERRERO	14751 DAY LILY CT	ORLANDO, FLORIDA 32824
TREA	GABRIEL VALLEE	14751 DAY LILY CT.	ORLANDO, FLORIDA 32824

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**14751 DAY LILY CT.
ORLANDO, FLORIDA 32824**

Name **GABRIEL VALLEE**

Street Address (P.O. Box Number is Not Acceptable)
14751 DAY LILY CT.

Suite, Apt. #, Etc

City **ORLANDO**

State
FL

Zip Code
32824

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

Gabriel Vallee

REGISTERED AGENT MUST SIGN

Date **04/12/99**

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:

Gabriel Vallee

GABRIEL VALLLE

04/12/99

305-358-5033

Date

Daytime Phone #

CRS040 (1-98)