PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1. Limited Liability Company's Name Lateleco, LLC 2. Principal Office Address No.P.O. Sox # 7500 NW 25 ST 7500 N	C	ED LIAE OMPAN STATEN	Υ		5	DEPAR' Secretary SION OF C	y of S		E .	FILED 7 FEB 23 AM 10: 04	
2. Principal Office Address - No.P.P.D. Box # 7500 NW 25 ST 7500 NW 25	DOCUMENT # L02000029586 1. Limited Liability Company's Name							Ī	ALLAHASSEE, FLORIDA		
2. Principal Office Address of NW 25 ST 7500 NW 25 ST 7500 NW 25 ST Suite, Apr. #, etc. 200	Lateleco,LLC										
200 200 200 200 200 200 200 300 200 300 200 300 200 300 200 300 3	2. Principal Office Address - No P.O. 8ox # 7500 NW 25 ST 3. Mailing 0 7500 N					Office Address					
Miami Florida Miami Florida Diagnostic Country Miami Florida											
8. Name and Address of Current Registered Agent A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived. State 33 ² p 60 ⁶	Miami Florida				Miami Florida						
Brief Gonzalez Specifications (P.O. Box Number) a Not Acceptable) Suito, Api, #, Elic. Suito, Api, #, Elic.	33122	2			33122				7.	\$5.00 Additional Fee required	
Since Loddress (P.O. Box Number is Not Acceptable) Suite, Apt. #, Elic. Signature of Registered Agent Registered Agent of the advancement limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Registered Managing Members/Managers Tiles Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Sireet Address of Each Managing Members/Managers 15052 sw 149 st Miami Florida 33196 11.1 certify that I am managing member/manager or the receiver or trustee ampowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the peace for filing this reinstatement application is forced and requesting the source of the peace for filing this reinstatement application the peace for filing this peace for filing this reinstatement application the peace for filing this reinstatement application											
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Suite, Apt. #. Etc. Suite 33 196	Street Address (P.O. Box Number is Not Acceptable) 15052 SW 149 St							receive the prior notices. By checking this			
State 33196 9. I, being appointed the registered agent of the advancement limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Registered Agent Managers 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Managers 15052 sw 149 st Miami Florida 33196 92/2//0701055020 ***305.00 11. Learlity that I am managing member/manager or he faceiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the pason for filesolution has been eliminated. 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 of Managing Member/Manager Date 02-21-2007 Daytime Phone # 305-4062323											
9. I, being appointed the registered agent of the and a semed limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Registered Address of Each Registered	Miami								reinstat	tement be waived.	
Signature of Registered Agent Registered Agent Must sign 10. Names and Street Addresses of Managing Members/Managers Titles Name of Managing Members/Managers Managing Members/Manager Street Address of Each Managing Members/Managers Manager Bert Gonzalez 15052 sw 149 st Miami Florida 33196 102/27/0701055020 ***305.00 11. Learlify that I am managing member/manager or the seceiver or trustee empowered to execute this application as provided for in chapter 508, F.S. I further certify that when filling this reinstatement application the peacon for dispolution has been eliminated indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath Date 02-21-2007 Daytime Phone #305-4062323 Bott Gonzaloz											
Titles Name of Managers Street Address of Each Manager Bert Gonzalez 15052 sw 149 st Miami Florida 33196 Manager Bert Gonzalez 15052 sw 149 st Miami Florida 33196 02/27/0701055020 **305.00 11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the peason for disploition has been eliminated. The limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owned by the limited liability company have been paid. 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 of Managing Member/Manager Date 02-21-2007 Daytime Phone #305-4062323	Signature of Registered Agent									₩	
Manager Bert Gonzalez 15052 sw 149 st Miami Florida 33196 02/27/0701055020 ***305.00 11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when fling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Date 02-21-2007 Daytime Phone # 305-4062323											
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Typed or printed name of signing Managing Member/Manager Deft GOTIZateZ											