

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 23 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000029586

1. Limited Liability Company's Name

Lateleco, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
7500 NW 25 ST

3. Mailing Office Address
7500 NW 25 ST

Suite, Apt. #, etc.
200

Suite, Apt. #, etc.
200

City & State
Miami Florida

City & State
Miami Florida

Zip
33122

Country
Dade

Zip
33122

Country
Dade

4. State/Country of Formation
Florida United States

5. Date Organized or Qualified
To Do Business in Florida 11-05-2002

6. FEI Number

20-8485364

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Bert Gonzalez

Street Address (P.O. Box Number is Not Acceptable)
15052 sw 149 st

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33196

☐ 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.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 02-21-2007

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
Manager	Bert Gonzalez	15052 sw 149 st	Miami Florida 33196
			500089513535 02/27/07--01055--020 **305.00

REINSTATEMENT 04-07

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 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

Typed or printed name of signing Managing Member/Manager Bert Gonzalez