

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 19 AM 10:41

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

LD3000037508

1. Limited Liability Company's Name

Latinos Night Club, LLC

2. Principal Office Address

511 Noble Pine Drive

Suite, Apt. #, etc.

City & State

LaBelle, FL

Zip

33935

Country

USA

3. Mailing Office Address

Po Box 2523

Suite, Apt. #, etc.

City & State

LaBelle, FL

Zip

33975

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

9/26/03

6. FEI Number

34-1982897

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

Nora Esquivel

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

511 Noble Pine Drive

Suite, Apt. #, Etc.

City

LaBelle

State

FL

Zip Code

33935

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

Nora Esquivel

Date 5.8.06

REGISTERED AGENT MUST SIGN

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
MGR	Juan Esquivel	511 Noble Pine Dr.	LaBelle, FL 33935
MGR	Nora Esquivel	511 Noble Pine Dr.	LaBelle, FL 33935

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06/08/06--01042--001 **450.00

REINSTATEMENT 04-06

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

Nora Esquivel

Date 5.8.06

Daytime Phone #

(863)

1673-4680

Typed or printed name of signing Managing Member/Manager

Nora Esquivel