

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000021059

1. Limited Liability Company's Name

Latin-Times, LLC

FILED

09 OCT 26 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

4104 W. Santiago St

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 262574

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33629

Country

USA

Zip

33685

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2-23-07

6. FEI Number

20-8526558

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 Yolanda R. Gonzalez

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

4104 W. Santiago St.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33629

☒ 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

Yolanda R. Gonzalez

REGISTERED AGENT MUST SIGN

Date Oct 26, 2009

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	Yolanda "Solie" Gonzalez	4104 W. Santiago St.	Tampa, FL. 33629
Mgr	Victor A. Padilla	4104 W. Santiago St	Tampa, FL. 33629
Mgr	Felix N. Gonzalez	4104 W. Santiago St.	Tampa, FL. 33629

REINSTATEMENT

08-09

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Q 10-26-09

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

Yolanda R. Gonzalez

Date Oct 26, 2009

Daytime Phone # (813) 407-6866

Typed or printed name of signing Managing Member/Manager

Yolanda R. Gonzalez