

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2023 JUN -5 12:40

DOCUMENT # L17000113096

1 Limited Liability Company's Name

Latam Development LLC

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA 32399-0001

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

1925 BRICKELL AVE

3. Mailing Office Address

1925 BRICKELL AVE

Suite, Apt. #, etc.

D1007

Suite, Apt. #, etc.

D1007

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33129

Country

USA

Zip

33129

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified

To Do Business in Florida 05/2017

6. FEI Number

82-1640131

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

STEPHEN NAAR

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

1925 BRICKELL AVE

Apt. #, Etc.

D1007

City

MIAMI

State

FL

Zip Code

33129

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

Date 5/31/2023

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	STEPHEN NAAR	1925 BRICKELL AVE D1007	MIAMI FL 33129
MGR	LILIA NAAR	925 BRICKELL AVE D1007	MIAMI FL 33129

REINSTATEMENT

R. HUNT
06/06/23

11. E-mail Address: ANAAR@MASGLOBALENTERPRISE.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Stephen Naar

Date 5/31/2023

Daytime Phone #

3053584170

Typed or printed name of signing authorized representative/member

STEPHEN NAAR