

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2023 JUN -6 11:40

DOCUMENT # L17000113096

1. Limited Liability Company's Name

Latam Development LLC

2023 JUN -6 11:40

CR2E041 (1/14)

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

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 <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 <i>R. HUNT</i> <i>06/06/23</i>			

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