

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L61459**

1. Corporation Name

LATINO INTERNACIONAL, INC.

Principal Place of Business

C/O HILDA PEREZ
6336 UNIVERSITY BLVD
WINTER PK FL 32782
US

Mailing Address

C/O HILDA PEREZ
6336 UNIVERSITY BLVD
WINTER PK FL 32782
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

304
Suite, Apt. #, etc.
672 N. SEMORAN BLVD
City & State
ORLANDO, FLORIDA
Zip **32807** Country **US**

3. New Mailing Office Address, If Applicable

304
Suite, Apt. #, etc.
672 N. SEMORAN BLVD
City & State
ORLANDO, FLORIDA
Zip **32807** Country **US**

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/1990

5. FEI Number

59-3012395

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	PEREZ, RUDOLPH JR.	3651 N. GOLDENROD ROAD, B102	WINTER PARK FL
D	PEREZ, ZULAY C	2003 KELLY CRK CIR	OVIEDO FL 800002349968--R 11/18/97-01018-021 ***750.00 ***750.00
D	PEREZ, HILDA	2003 KELLY CREEK CIRCLE	OVIEDO FL
P	PEREZ, RODOLFO	2003 KELLY CREEK CIRCLE	OVIEDO FL
D	PEREZ, ENRIQUE	2003 KELLY CREEK CIRCLE	OVIEDO FL

REINSTATEMENT

8. Name and Address of Current Registered Agent

HILDA, PEREZ
2003 KELLY CREEK CIRCLE
OVIEDO FL 32765

9. Name and Address of New Registered Agent

Name
RUDOLPH PEREZ JR
Street Address (P.O. Box Number is Not Acceptable)
2003 Kelly Creek Circle
Suite, Apt. #, Etc.

City **OVIEDO**

State **FL**

Zip Code **32765**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11-10-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-10-97 407-381-9119
Date Daytime Phone #

CR2040 (8-97)