PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 DEC 31 PM 1:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N00000002906

1. Corporation Name

LATIN AMERICAN COOPERATIVE OF MULTIPLE SERVICES COOPLASMU INC.

Principal Place of Business	Mailing Address
10921 N.W. 26 AV MIAMI FL 33167	10921 N.W. 26 AV MIAMI FL 33167

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

REINSTATEMENT 2001

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/01/2000

5. FEI Number: 65-1148886 ☐ 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	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	BAUTISTA MORA, JUAN	10921 N.W. 26 AV	MIAMI FL 33167
DVP	ANDERSON S. MORA	360 W 19 St.	HIALEAH FL 33147
DT	William Lantigua	2918 NW 96 St.	MIAMI FL 33147

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-01/24/02--01085--012
****113.75 ****113.75
9/5/01 90005/005 $61.25
6/18/01 90001/040 $61.25

8. Name and Address of Current Registered Agent

BAUTISTA MORA, JUAN
10921 N.W. 26 AV
MIAMI FL 33167

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

10. Having 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: _____ REGISTERED AGENT MUST SIGN Date: 12/28/01

11. 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

12/28/01 Date

305-769-2771 Daytime Phone #