

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY -6 AM 10:40

DOCUMENT # **NO10000003844**

1. Corporation Name

LATINOS UNIDOS, INC

REINSTATEMENT

67-09
13 8/12/09

200155555172
05/06/09--01039--018 **\$25.00
CR2E081 (12/08)

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

12 FISCHER LANE

3. Mailing Office Address

P O BOX 353523

Suite, Apt. #, etc.

#2

Suite, Apt. #, etc.

City & State

Palm Coast FL

City & State

PALM COAST FLORIDA

Zip

32137

Country

FLA

Zip

32135

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/29/2001

5. FEI Number

113657298

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

JESSE J ACOSTA

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

4460 SPRUCE CREEK Rd

Suite, Apt. #, Etc.

City

PORT ORANGE

State

FL

Zip Code

32127

☒ The 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 reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jesse J Acosta
REGISTERED AGENT MUST SIGN

Date **4/29/2009**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	JESSE J ACOSTA SR	4460 SPRUCE CREEK Rd	PORT ORANGE FL 32127
VPD	PATRICIO TORRES	18 FIR TREE LANE	PALM COAST FL 32137
TD	FRANCISCO HUNG	12 FISCHER LANE	PALM COAST FL 32137
DS	CARMEN BARROS	42 WYNNFIELD DRIVE	PALM COAST F 32164
V	DE/VALE, JAIME	73 FLEETWOOD DRIVE	Palm Coast FL 32137

10. 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 contained in Chapter 119, 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

Jesse J Acosta

9-29-2009 386-761-0843

Date

Daytime Phone #