

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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



FILED

97 DEC -9 PM 2:16

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N41541**

1. Corporation Name  
**LATIN QUARTER ASSOCIATION, CORP.**

Principal Place of Business  
 1756 SW 8TH ST  
 #201  
 MIAMI FL 33135  
 US

Mailing Address  
 1532 SW 8TH STREET  
 1532 S.W. 8TH STREET  
 MIAMI FL 33135  
 US



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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/07/1991	
City & State		City & State		5. FEI Number <b>65-0347507</b>	
Zip		Country		Applied For	
				Not Applicable	
				CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

**REINSTATEMENT**

97

56 12-11-97

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
C	APARICIO, ELOY	1171 SW 8TH ST	MIAMI FL
V	<del>FABRIZIO, ANTONIO</del> ENRIQUE BENITEZ	<del>1270 SW 8TH ST</del> 300 SW 12TH AVE.	MIAMI FL
S	<del>RYAN, ANDRES EX</del> ELIO PEREZ	<del>100 SW 29TH AVE</del> 1170 W. 29TH STREET	MIAMI FL
T	<del>DOZ, CESSAR</del> AIDALINA VASALLO	<del>1097 NW 22ND PLACE</del> 3120 W 8TH AVE.	MIAMI FL HIALEAH, FL.
D	VARELA, ARACELIS JOSE FERNANDEZ	1516 SW 8TH ST 300 SW 12TH AVE.	MIAMI FL
D	MORALES, JIMMY ESQ.	201 S BISCAYNE BLVD, STE 3200	MIAMI FL

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
COSTA, MONICA 1532 SW 8TH ST MIAMI FL 33135		Name ELOY APARICIO	
		Street Address (P.O. Box Number is Not Acceptable) 1171 SW 8TH ST	
		Suite, Apt. #, Etc. -12/16/97--01075--004	
		City MIAMI	
		State FL	
		Zip Code 33130	

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: *Eloy Aparicio* REG. ST. AGENT MUST SIGN Date: \_\_\_\_\_

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: *Eloy Aparicio*  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CPRE040 (8/97)