

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 28 PM 12:48

DOCUMENT # P00000005328

1. Corporation Name

UNILATINA CORP.

Principal Place of Business

1731 NW 88TH WAY
PEMBROKE PINES FL 33024

Mailing Address

1731 NW 88TH WAY
PEMBROKE PINES FL 33024

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

2. New Principal Office Address, If Applicable

3452 S University Drive

Suite, Apt. #, etc.

City & State
Davie, FL

Zip 33328 Country U.S.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified

To Do Business in Florida

01/18/2000

5. FEI Number

65-0973570

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	4 City / State / Zip
D	MOYANO, JULIO A	1731 NW 88TH WAY	PEMBROKE PINES FL 33024
D	BEATRIZ BAUTISTA, LYDIA	1731 NW 88TH WAY	PEMBROKE PINES FL 33024
D	MOYANO, ANGELICA	1731 NW 88TH WAY	PEMBROKE PINES FL 33024
D	MOYANO, MARCELA	1731 NW 88TH WAY	PEMBROKE PINES FL 33024
D	MOYANO, LINA MARIA	1731 NW 88TH WAY	PEMBROKE PINES FL 33024
D	MOYANO, LILIANA	1731 NW 88TH WAY	PEMBROKE PINES FL 33024

8. Name and Address of Current Registered Agent

MOYANO, JULIO A
1731 NW 88TH WAY
PEMBROKE PINES FL 33024

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

000004716900--8

-12/10/01--01088--012

****758.75 ****758.75

State

Zip Code

FL

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

Julio Alberto Moyano
JULIO ALBERTO MOYANO
REGISTERED AGENT MUST SIGN

Date

11-23-01

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:

Julio Alberto Moyano
JULIO ALBERTO MOYANO

Date

Daytime Phone #

CR2040 (8/01)