

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000009213

1. Corporation Name

Latour Holdings, Corp.

700024103417  
10/27/03--01024--003 \*\*1050.00

**REINSTATEMENT**

01-07

2. Principal Office Address

2795 NW 105 Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

Country

Zip

Country

33173

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

1/27/00

5. FEI Number

52-2221861

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

Luis M. Latour Jr.

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

2795 NW 105 Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33172

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

Luis M. Latour Jr.

REGISTERED AGENT MUST SIGN

Date 10/16/03

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
D/P	Luis M. Latour Jr.	2795 NW 105 Avenue	Miami, FL 33172

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 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:

Luis M. Latour Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/03

Date

(305) 640-0414

Daytime Phone #

CR2E081 (10/02)

2/10/20