|   |  |                                 |   |                               |   |   |   | ,  | 10f                                 |  |
|---|--|---------------------------------|---|-------------------------------|---|---|---|--|-------------------------------------|--|
| APPLICATION<br>FOR<br>REINSTATEMENT   |  | F                               | FLORIDA DEPARTMENT OF STATE<br>Secretary of State<br>DIVISION OF CORPORATIONS |                               |   |   |   | FILED  |                                     |  |
| DOCUMENT # PO0000002  |  |                                 |   |                               |   |   |   | 04 JUL 27 PM 4: 39   |                                     |  |
| Latingraf, Inc.   |  |                                 |   |                               |   |   |   | 04 300 4.  | TATE                                |  |
|   |  |                                 |   |                               |   |   | 9   | SECRETARY OF S   | NT <sup>A</sup>                     |  |
| Principal Place of Business   |  |                                 | Mailing Address   |                               |   |   |   | 3. Date Incorporated or Qualified  | 3a. Date of Last Report             |  |
|   |  | <u> </u>                        |   |                               |   |   |   | 1/28/2000  |                                     |  |
| 2. Principal Place of Business  |  |                                 | 2a. Mailing Address   |                               |   |   | 4   | 4. FEI Number  | Applied For                         |  |
| 21 328 Crandon Boulevard  |  |                                 | 26 328 Crandon Boulevard  |                               |   |   | +   | 52-2213042   | Not Applicab                        |  |
| Suite, Apt. #, etc.<br>22 Suite 226   |  |                                 | Suite, Apt. #, etc.<br>27 Suite 226   |                               |   |   |   | 5. Certificate of Status Desired   | ☐ \$8.75 Additional<br>Fee Required |  |
| 22 Suite 226<br>City & State  |  |                                 | City & State  |                               |   |   | +   | •<br>•   |                                     |  |
| 23 Key Biscayne FL  |  |                                 | Key Biscayne  |                               |   | '   | 6. Election Campaign Financing<br>Trust Fund Contribution |  |                                     |  |
| Zip<br>[4] 33149  | County 25  | Zip<br>29                       | 33149   | County                        |   |   |   | 8. This corporation has liability for s. 199.032, Florida Statutes   | r intangible tax under<br>Yes 🗌 No  |  |
| 9. Na   | ame and Address of Current R   | legister                        | red Agent   |                               |   |   | Na  | me and Address of New Register   | red Agent                           |  |
| Lizabeth F. Calvo<br>328 Crandon Boulevard  |  |                                 |   |                               | 81     Name       Lizabeth F. Calvo       82     Street Address (P.O. Box Number is Not Acceptable) |   |   |  |                                     |  |
| Suite 226<br>Key Biscayne, FL 33149   |  |                                 |   |                               |   | 328 Crandon<br>Suite 226                      | · · · · · · · · · · · · · · · · · · ·                     |  |                                     |  |
| ,,,, .  |  |                                 |   |                               |   | City<br>Key Biscayne                          | ;   | <b>FL</b> 85 Zip Code 33149  |                                     |  |
| or registered agent<br>agent. I am familian<br>SIGNATURE<br>Sign                      | , or both, in the State of Florida<br>r with, and accept the obligations<br>ature typed or printed name of registers | a,. Such<br>s of, Se<br>d agent | K. S.A.R.R.L<br>and title if applicable.                                      | lorida S<br>A<br>O            | by th<br>tatuta<br>AS   | es.<br>AT FURNEY 1<br>: Registered Agent sign |   | this statement for the purpose of ch<br>of directors. I hereby accept the<br>FACT COR LIZ CALVO<br>required when reinstating) DATI | appointment as registere<br>7/24/04 |  |
| 12.   | OFFICERS AND DIRE  | CIUR                            | DELETE  | 13.                           | TTLE  |   | IN 5/   | CHANGES TO OFFICERS AND  | Change Addition                     |  |
| NAME <b>D</b><br>STREET ADDRESS<br>CITY-ST-ZIP  | Elbia Lucia Cardona<br>328 Crandon Boulevard<br>Key Biscayne, FL 33149   |                                 |   | 1.2 M<br>1.3 S                | IAM<br>TRE  |   |   |  |                                     |  |
| TTILE<br>NAME<br>STREET ADDRESS   |  |                                 | DELETE  | 2.2 M<br>2.3 S                | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS   |   |   |  | Change Additio                      |  |
| CITY-ST-ZIP<br>ITTLE<br>NAME<br>STREET ADDRESS  |  | DELETE                          |   |                               | 2.4 CITY-ST-ZIP<br>3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP                   |   |   | 30004026;<br>08/17/04010760  | Change C Additio                    |  |
| CITY-ST-ZIP<br>ITTLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <u> </u>   |                                 | DELETE  | TE 4.1 TT<br>4.2 NA<br>4.3 ST |   | 3   |   |  | Change Additio                      |  |
| ITTLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |                                 | DELETE 5.1 T<br>5.2 N<br>5.3 S  |                               |   |   |   |  | Change Additio                      |  |
| ITTLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |                                 | DELETE  | 6.2 NAM                       |   | E<br>E<br>ET ADDRESS<br>-ST-ZIP               |   |  | Change Additio                      |  |
| 14. I do hereby cer<br>the information ind<br>oath; that I am an<br>my name appears i | licated on this annual report or s   | suppler<br>ation of             | nental annual report<br>r the receiver or to                                  | ort is tru<br>rustee ei       | ie an   | d accurate and that                           | it m  | in Section 119.07(3)(i), Florida St<br>y signature shall have the same le<br>report as required by Chapter 607                     | gal effect as if made und           |  |
| SIGNATURE   | IGNATURE AND TYPED OR PRINTED  | D NAME                          | OF SIGNING OFFIC  | E <u>K UK D</u>               | REL   | 10R   |   | <b>Z G O G</b><br>Date Dayti   | me Phone #                          |  |
|   | K. SAR   | RIA                             | AS ATTOR<br>ELBI  | NEY I<br>A L                  | N<br>. 2  | FACT FOR<br>ARDONA.                           |   | T  |                                     |  |

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2012

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re: Latingraf, Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.

2. \$600 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2001, 2002, 2003, 2004

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: by K. Sarria as attorney-in-fact Name: CARDONA, ELBIA LUCIA Title: DIRECTOR Date: