

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAR 21 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000045066

1. Corporation Name

LATINARTE.COM INC.

2. Principal Office Address

2628 NW 2ND AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33127

Country

USA

3. Mailing Office Address

1900 PURDY AVE

Suite, Apt. #, etc.

#2307

City & State

MIAMI BEACH FL

Zip

33139

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5/5/00

5. FEI Number

651013858

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

GUSTAVO LUTER

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

16300 NE 19TH AVE

Suite, Apt. #, Etc.

SUITE A

City

NORTH MIAMI BEACH

State

FL

Zip Code

33162

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

*Gustavo Luter*

REGISTERED AGENT MUST SIGN

Date 3/18/05

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
M	MARINA KESSLER	1900 PURDY AVE	MIAMI BEACH FL 33139
D	HERNAN FLIGUER	1900 PURDY AVE	MIAMI BEACH FL 33139

600049375996

03/23/05--01067--006 \*\*\*600.00

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:

*MARINA KESSLER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARINA KESSLER, MANAGER 3/18/05 305 527 7029

Date

Daytime Phone #

CR2081 (01/05)