

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 JUN 28 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000033660

1. Corporation Name

LATIN WORLD ENTERTAINMENT GROUP, INC.

1390 Brickell Avenue  
1390 Brickell Avenue

2. Principal Office Address  
1390 Brickell Avenue

3. Mailing Office Address  
1390 Brickell Avenue

Suite, Apt. #, etc.  
Suite 200

Suite, Apt. #, etc.  
Suite 200

City & State  
Miami, Florida

City & State  
Miami, Florida

Zip Country  
33131 US

Zip Country  
33131 US

4. Date Incorporated or Qualified  
To Do Business in Florida 04/03/2001

5. FEI Number 20-1278358 ☒ Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name  
Alvaro Castillo B., P.A.

Street Address (P.O. Box Number is Not Acceptable)  
1390 Brickell Avenue

Suite, Apt. #, Etc.  
Suite 200

City  
Miami

State Zip Code  
FL 33131

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

REGISTERED AGENT MUST SIGN

Date 6-21-04

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
P/S/D	Samuel Quiros -	1390 Brickell Avenue, Suite 200	Miami, FL 33131
			700038318427 06/28/04--01050--026 **1050.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL QUIROS P/S/D

Date

6-21-04

Daytime Phone #

(305) 371-5540

CR2E081 (07/04)