

PLEASE READ ALL INSTRUCTIONS BEFORE CC

**FILED**  
**Jun 28, 2002 8:00 A.M.**  
**Secretary of State**

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT #

PO1 0000 36923

1. Corporation Name

Latin International Express Inc  
104 North Homestead Blvd.  
Homestead, FL 33030

2. Principal Office Address

Same

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

300006157963--4  
-07/02/02--01047--012  
\*\*\*\*150.00 \*\*\*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

4-12-01

5. FEI Number

65-1119062

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 Fernando Alvarado

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

8776 Sw 12 Street #206

Suite, Apt. #, Etc.

#206

City

Miami, FL 33174

State

FL

Zip Code

33174

8. I, being appointed the registered agent for 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

6/26/02

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
Pre	Laura Janet Higueros	8776 Sw 12 St Miami, FL 33174	Miami, FL 33174
VicePre	Luis Fernando Alvarado	8776 Sw 12 Street	Miami, FL 33174

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

6/26/02 305-245-3545

Date

Daytime Phone #

CR2E081 (9/01)