PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



OF STATE SION OF CORPORATIONS

P01000053856 **DOCUMENT #**

1. Corporation Name

LATINO, INC.

Principal Place of Business

Mailing Address

117 NORTH PIERCE CHRISTIE DRIVE VALRICO FL 33594

117 NORTH PIERCE CHRISTIE DRIVE

VALRICO FL 33594



02 DEC 13 AM 8: 01



If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address of Applicable New Principal Office Address, If Applicable 3) N. M. Carmel Date Incorporated or Qualified
 To Do Business in Florida 05/31/2001 Suite, Apt. #, etc Suite, Apt, #, etc. FEI Number Applied For City & State Not Applicable \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers City / State / Zip Title(s) and/or Directors Officer and/or Director 3 Valrico FL 33591 131 N. Mt. Carmel Rd. N. Mt. Courmel Rd Mt. Carmel Rd. Mt. Carmel Rd. **800009502558** 12/13/42--01039--007 **15 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name GONZALEZ, JORGE L O. Box Number is Northcoeptable) 117 NORTH PIERCE CHRISTIE DRIVE VALRICO FL 33594 Suite, Apt. #, Etc. Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. Signature of Registered Agent

fficer 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 strue and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

LATINO, INC. 131 N. MT. CARMEL RD. VALRICO, FLORIDA 33594 (813) 685-9110

November 25, 2002

Division of Corporations P. O. Box 1500 Tallahassee, FL 32302-1500

Re: UBR for 2002 / Latino, Inc.

Dear Sirs:

We have just received notification that our corporation was administratively dissolved. Please be advised that we did not receive our Uniform Business Report. We have had similar problems with other important pieces of mail. This appears to because our mailing address changed, due to a re-alignment of streets. Postage should have been forwarded to the new address.

Please accept my check enclosed for \$150.00 to reinstate my corporation. In advance, I thank you for your prompt attention Enclosed is a copy of the Annual Report

--Sincerely,

Jorge L. Gonzalez, President