

B3 1 92

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR -7 AM 7:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000080849

1. Corporation Name
Latin American Realty Investments, Inc.

2. Principal Office Address
7832 NW 72 Avenue

Suite, Apt. #, etc.

3. Mailing Office Address
7832 NW 72 Avenue

Suite, Apt. #, etc.

City & State
Medley, Florida

Zip
33166

Country
USA

City & State
Medley, Florida

Zip
33166

Country
USA

REINSTATEMENT 03-24

4. Date Incorporated or Qualified To Do Business in Florida
08-16-01

5. FEI Number
051130467

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
Angel Soler

Street Address (P.O. Box Number is Not Acceptable)
7832 NW 72 Avenue

Suite, Apt. #, Etc.

City
Medley

900032099719
0470704--01048--003 **300 00
900032099719
0470704--01048--004 **8.75

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
[Signature]
REGISTERED AGENT MUST SIGN

Date
4-5-04

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	Angel Soler	7832 NW 72 Avenue	Medley, FL 33166
V	Olga Soler	7832 NW 72 Avenue	Medley, FL 33166

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-5-04 Daytime Phone # 305-885-0947
305-389-3266

CR2E081 (01/04)

TN

PS 2 8 2

Mrs. Olga Soler
7832 NW 72 Avenue
Medley, FL 33166

April 5, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement of Corporation
Latin American Realty Investments Inc.,
Document#P01000080849
FEI#651130467

Dear Sir or Madam:

This letter is to request that the late fee for the reinstatement of the above corporation be waived due to the fact that we did not receive the Uniform Business Report for 2003 that was sent to our old address.

We are sending the Corporation Reinstatement filing form and a check for \$300.00 as instructed by telephone for this transaction.

Please inform us of any other information that may be necessary.

Thank you,



Olga Soler
Vice President

*Also enclosed
ck for \$8.75
for Certificate
of Status*