


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUL 11 PM 3:34

1 of 2

DOCUMENT # P02000001551	
1. Entity Name <b>AMERICAN LATIN INSURANCE AGENCY, INC.</b>	

**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT** 03-06

2. Principal Place of Business <b>3434 Columbus Drive</b>		3. Mailing Address <b>3434 Columbus Drive</b>	
Suite, Apt. #, etc. <b>Suite 105</b>		Suite, Apt. #, etc. <b>Suite 105</b>	
City & State <b>Tampa, Florida</b>		City & State <b>Tampa, Florida</b>	
Zip <b>33607</b>	Country	Zip <b>33607</b>	Country

4. FEI Number <b>30-0005058</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	<b>SPIEGEL &amp; UTRERA, P.A.</b>
Street Address (P.O. Box Number is Not Acceptable)	
<b>1840 Southwest 22 Street, 4th Floor</b>	
City	<b>Miami</b>
FL	Zip Code <b>33145</b>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$66.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PSTD Cervantes, Antonio 3434 Columbus Dr, Ste 105, Tampa, FL 33607</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>500077661785 07/18/06--01032--002 **600.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Antonio Cervantes, Pres.** 7/2/06

CR2E034B (12/02)

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**AFFIDAVIT IN SUPPORT OF**  
**REQUEST TO WAIVE THE**  
**FLORIDA DEPARTMENT OF STATE**  
**CORPORATE ANNUAL REPORT LATE FEES**

STATE OF FLORIDA                     )  
   )  
COUNTY OF HILLSBOROUGH        )

1. Antonio Cervantes is the President of AMERICAN LATIN INSURANCE AGENCY, INC., a Florida corporation, (hereinafter "Corporation").
2. That the Corporation was administratively dissolved by the Florida Department of State on September 19, 2003.
3. That the Corporation failed to file its 2003, 2004, and 2005 Annual Reports or pay the 2003, 2004, and 2005 Annual Report filing fees within the time prescribed by Florida Statutes Chapter 607 because:
  - 3.1 the written notice and requirements for filing the Annual Reports and pay the Annual Report fees to the Florida Department of State was never received by the Corporation; and,
  - 3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
4. The Corporation requests the Florida Department of State reinstate the Corporation upon the payment by the Corporation of its 2003, 2004, 2005 and 2006 Annual Report fees and the filing of its 2003, 2004, 2005 and 2006 Annual Reports, which are presented simultaneously with this Affidavit.
5. AMERICAN LATIN INSURANCE AGENCY, INC. satisfies the requirements of the Florida Statutes 607.0401.
6. No further ground or grounds exist for the administrative dissolution of the Corporation.

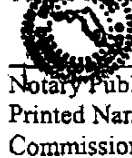
Dated: 7 day of July 2006

**FURTHER, AFFIANT SAYETH NOT**

AMERICAN LATIN INSURANCE AGENCY, INC.

By: \_\_\_\_\_  
Antonio Cervantes, President

SWORN AND SUBSCRIBED  
before me this 7 day of July, 2006.

 Expires: May 06, 2007  
Bonds Thru \_\_\_\_\_  
Notary Public, State of Florida at Large  
Printed Name: Nick Spadolin  
Commission Expires: \_\_\_\_\_