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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 30 PM 3:27

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000038001

1. Corporation Name
Latin Tour Dimensions Corp

2. Principal Office Address 2440 N.E. Miami Gardens Drive		3. Mailing Office Address	
Suite, Apt. #, etc. 107		Suite, Apt. #, etc.	
City & State North Miami		City & State	
Zip 33180	Country Dade	Zip	Country

REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida 04/08/2002

5. FEI Number <u>35-217-4265</u>	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
Michael Steinberger

Street Address (P.O. Box Number is Not Acceptable)
2440 NE Miami Gardens Drive

Suite, Apt. #, Etc.
107

City
Miami

State
FL

Zip Code
33180

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] Date 3/21/05

REGISTERED AGENT MUST SIGN

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
Pres	Michael Steinberger	5900 Collins Ave	Miami Beach, FL 33140
VP	EJ Steinberger	1680 NE 191 Street	Miami, FL 33179
Sec	Rachel Steinberger	1680 NE 191 Street	Miami, FL 33179

100050302901
04/11/05--01005--013 **450.00

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] Michael Steinberger 3/16/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



March 16, 2005

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

Re: Latin Tour Dimensions Corp.
P02000038001

Greetings:

Further to my call of this date and previous payment and filing, please find enclosed our reinstatement application along with the \$450.00 balance due (as per your instructions today).

We are seeking a waiver of the \$600 reinstatement fee due to the fact that we never received the original annual report request (sent to previous address).

Please reinstate and update records.

Sincerely,

Michael Steinberger
President,
LATIN TOUR DIMENSIONS

Enclosures