

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 13 PM 5:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000060312

1. Corporation Name

LATOGA COFFE SHOP, INC.

2. Principal Office Address

2333 BRICKELL AVE

Suite, Apt. #, etc.

UNIT 4 L

City & State

MIAMI, FL

Zip

33129

Country

US

3. Mailing Office Address

2333 BRICKELL AVE

Suite, Apt. #, etc.

UNIT 4 L

City & State

MIAMI, FL

Zip

33129

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida 05-31-2002

5. FEI Number

01-0714455

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

10/17/03 01032 002 151

7. Name and Address of Current Registered Agent

Name

TORRES, LUZ A.

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

Suite, Apt. #, Etc.

2333 BRICKELL AVE

City

MIAMI

State
FL

Zip Code
33129

400036938564
05/19/04--01061--005 **150.00

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

Luz A. Torres

Date

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
P/D	TORRES, LUZ A.	2333 BRICKELL AVE	MIAMI, FL 33129

REINSTATEMENT 03-04

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:

Luz A. Torres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E061 (01/04)

Proof

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE REINSTATEMENT FORM ALONG WITH THE A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE MY CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2003 UNIFORM BUSINESS REPORT. BUT THEN IN OCTOBER I SENT OUT A LETTER AND A COMPLETED UBR FORM TO BE FILED BUT I NEVER HEARD ANYTHING FROM YOUR OFFICE.

I WOULD LIKE TO RESOLVE THIS MATTER AS SOON AS POSSIBLE DUE TO SOME BANKING TRANSACTION I AM DOING.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

LUZ A. TORRES
LUZ A. TORRES
PRESIDENT

*Your office
has check
for
2003 UBR payment*