

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -9 PH 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000085055

1. Corporation Name

LatinClips, Inc

2. Principal Office Address

13205 SW 137 Ave

Suite, Apt. #, etc.

229

City & State

Miami, FL

Zip

33186

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

Aug 2002

5. FEI Number

522-38-2409

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

DALIA SALAZAR

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

13205 SW 137th Ave

Suite, Apt. #, Etc.

Ste 229

City

Miami

800025339198

12/03/03--01014--022 **200.00

State

FL

Zip Code

33189

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

Dalia Salazar

Date 12/2/2003

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
CEO	Christine Clarijo-Kish	9133 Dickens Ave	Surfside FL 33154
Pres	Dalia Salazar	20740 SW 81 AVE	MIAMI FL 33189
Chg. Mgr.	Manuel Ruiz	12110 SW 105 Ter	MIAMI FL 33010

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:

Dalia Salazar DALIA SALAZAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/2/03

Daytime Phone #

305-971-8687

CR2E001 (10/02)