

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 25 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000124079

1. Corporation Name

Latin Holdings of America

REINSTATEMENT 03

2. Principal Office Address

1455 Winston Ln

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orange Park, FL

City & State

Zip

Country

32003

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/02

5. FEI Number

16-1643364

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

09/04/03 90070 024 \$150.00

7. Name and Address of Current Registered Agent

Name

Fabian Videla

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

1455 Winston Ln

Suite, Apt. #, Etc.

City

Orange Park

State

FL

Zip Code

32003

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

REGISTERED AGENT MUST SIGN

Date

11/18/03

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	Fabian Videla	1455 Winston Ln	Orange Park, FL 32003
VP	Gatti, Enrique	5700 Collins Ave 8M	Miami, FL 33140

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/03

Date

9042374904

Daytime Phone #

CR2E081 (10/02)

Latin Holdings of America Corporation

**Division of Corporations
Attn. Katrina**

**RE: Reinstatement Latin Holdings of America Corp
Document # P02000124079**

As we discussed the other day over the phone we haven't received the notification about the necessity to include our FEIN number in the form. I'm attaching the form you asked me signed and complete so you can proceed to our reinstatement.

I really appreciate all your help and cooperation with this matter.

If you have any questions, please don't hesitate to call me.



**Fabian Videla
President
Latin Holdings of America Corporation**