

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 17 PH 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P03000025124

1. Corporation Name

LATINOAMERICANA DE PRODUCTOS CORP

2. Principal Office Address

8573 SW 109 AVE

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33173

Country

USA

3. Mailing Office Address

8573 SW 109 AVE

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33173

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/3/2003

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$275 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

04-06

7. Name and Address of Current Registered Agent

Name

MARIO A. ARELLANO

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

8573 SW 109 AVE

Suite, Apt. #, Etc.

City

Miami FL

State

FL

Zip Code

33173

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

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
Pres	MARIO A. ARELLANO	8573 SW 109 AVE	Miami FL 33173

700081154647

10/24/06--01045--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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

October 12, 2006.

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**DEPARTMENT OF ESTATE.
DIVISION OF CORPORATIONS.**

Re: Document No. P03000025124

To whom it may concern.,

I, **Mario A. Arellano**, President of Latinoamericana de Productos Corp.

I am writing this letter to ask you to accept my payment for the 2004, 2005 and 2006 annual reports of the above mentioned corporation.

The reason of the delay is that I never received the ²⁰⁰⁴ report and since it is the first time I am in a corporation I did not know I was supposed to send it before may 1st. I just found out about it.

Please accept my apology and my payment.

Sincerely,


MARIO A. ARELLANO.