

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 MAY -6 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000062217

1. Corporation Name

LATIN ENVIOS, INC.

2. Principal Office Address

11741 S. OBT STE G

Suite, Apt. #, etc.

3. Mailing Office Address

11741 S. OBT

Suite, Apt. #, etc.

SUITE G.

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32837

Country

U.S.A.

Zip

32837

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

05-0572159

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

RUBIELA CARDENAS.

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

129 MADINA CIRCLE

Suite, Apt. #, Etc.

City

DAVENPORT

State

FL

Zip Code

33837.

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

Rubiel Cardenas

Date 05-03-05.

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
PRESIDENT	RUBIELA CARDENAS	129 MADINA CIRCLE	DAVENPORT, FLORIDA, 33837

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:

Rubiel Cardenas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05-03-05 (407) 852-5815

Daytime Phone #

CR2E081 (01/05)