

2005 FOR PROFIT CORPORATION REINSTATEMENT

132

FILED

05 JUN 20 AM 8:43

TALLAHASSEE, FLORIDA



06012005 REIN-P CR2E098 (6/04)

DOCUMENT # P03000145023		
1. Entity Name MARKET EL LATINO, CORP.		

Principal Place of Business 1219 WEST FLAGER ST MIAMI, FL 33135	Mailing Address 1219 WEST FLAGER ST MIAMI, FL 33135
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2. Principal Place of Business MARKETEL LATINO, CORP.	3. Mailing Address 1219 WEST FLAGER ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI	City & State FLORIDA
Zip 33135	Country

6. Name and Address of Current Registered Agent ARMAS, ARNALDO J 616 NW 26 AVE APT 506 MIAMI, FL 33125		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ARMAS, ARNALDO J 616 NW 26 AVE APT 506 MIAMI, FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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786 413 44194

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MIAMI FI, MAY-20-2005

RE: ANNUAL REPORT
MARKET EL LATINO CORP
P03000145023
1219 WEST FLAGLER ST
MIAMI FL 33135

I, ARNALDO J ARMAS, HEREBY THIS LETTER CERTIFY THAT I HAVE NEVER RECEIVED ANY BILL TO PAY THE ANNUAL REPORT, THEREFORE IT WAS NOT OF KNOWLEDGE THAT I HAD TO PAY, AND I NOTICED THAT MY CORPORATION WAS ADM DISSOLVED ON 10-01-2004.

PLEASE RECONSIDER MY CORPORATION TO BE REOPENED AND LET ME KNOW HOW MUCH I HAVE TO PAY FOR THAT.

SINCERELY,



PRESIDENT