

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 MAR 19 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000051472

1. Entity Name
ITC LATIN EXPRESS CORP



Principal Place of Business

7387 NW 54 ST
SUITE 102
MIAMI, FL 33166

Mailing Address

7387 NW 54 ST
SUITE 102
MIAMI, FL 33166

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

10006 NW 52 Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ocala Florida

Zip

Country

Zip

Country

33178

USA



03/15/07

REINSTATEMENT

03/15/07

4. FEI Number
20-0907612

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORALES, DOMINGO
7387 NW 54 ST
102
MIAMI, FL 33166

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

DOMINGO MORALES

03/15/07

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
MORALES, DOMINGO
7387 NW 54 ST SUITE 102
MIAMI, FL 33166

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
MORALES DAVID
7387 N.W. 54 ST
MIAMI, FL 33166

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
CRUZ, GABRIEL
7387 NW 54 ST SUITE 102
MIAMI, FL 33166

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
500095163995
03/28/07--01036--015 ***300.00

TITLE
NAME
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CITY - ST - ZIP
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

DOMINGO MORALES

03/15/07

Date

786-2871442

Daytime Phone #