

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 MAR 22 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000161743

1. Corporation Name

LATIN AMERICAN EQUIPMENT, CORP.

2. Principal Office Address - No P.O. Box #

11402 NW 41 STREET

3. Mailing Office Address

Suite, Apt. #, etc.

SUITE 211

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33178

Country

DADE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/2004

5. FEL Number

20-1958280

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

TONINO IAFIOLI

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

11402 NW 41 STREET

Suite, Apt. #, Etc.

SUITE 211

City

MIAMI

State

FL

Zip Code

33178

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **03/07/2007**

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
PD	TONINO IAFIOLI	11402 NW 41 STREET, SUITE 211	MIAMI, FL. 33178

REINSTATEMENT

B 3/28/07

05-07

700095320957
04/10/07--01025--014 **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 contained in Chapter 119, 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

03/07/2007

Date

Daytime Phone #

Proper

March 7th, 2007.

To: Florida Department of State.
Division of Corporation

Subject: Latin American Equipment, Corp.
20-1958280.

Please be advised that we never received our notice of annual report, for the corporation Latin American Equipment, Corp in 2005. Enclosed find the fee \$450.00 as discussed with your department for the reinstatement of my corporation for the reinstatement the corporation trough 2007.

Sorry for any inconvenience that this have caused.

For years 2005, 2006 and 2007.

Sincerely yours.



Tonino lafaioli
Latin American Equipment Corp.