

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000172154

1. Corporation Name

SPECIAL LATINO GROUP, CORP

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

10000 NW 9 ST

3. Mailing Office Address

10000 NW 9 ST

Suite, Apt. #, etc.

CIRCLE # 10

Suite, Apt. #, etc.

CIRCLE # 10

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33172

Country

USA

Zip

33172

Country

USA

7. Name and Address of Current Registered Agent

Name
MARIO MENA

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

10000 NW 9 ST

Suite, Apt. #, Etc.

CIRCLE # 10

City
MIAMI

State
FL

Zip Code
33172

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

Mario Mena

REGISTERED AGENT MUST SIGN

Date **08-21-07**

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	MARIO MENA	10000 NW 9 ST CIRCLE # 10	MIAMI FL 33172
		T2 8/22/07	
		REINSTATEMENT 05-07	
		800108879928	08/21/07--01008--015 **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:

Mario Mena

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-21-07

Date

Daytime Phone #

FILED

07 AUG 22 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/2004

5. FEI Number

20-2072292

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.