

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000041854

1. Entity Name
LATIN AMERICA TRAFFIC SCHOOL INC.



FILED

2006 OCT 13 PM 3: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6015 S. DIXIE HWY
WEST PALM BEACH, FL 33405

Mailing Address
6015 S. DIXIE HWY
WEST PALM BEACH, FL 33405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10102006

REIN-P

CR2E098 (11/05)

4. FEI Number

56-2504575

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLON, HIGINIO
6007 S DIXIE HWY
WEST PALM BEACH, FL 33405

7. Name and Address of New Registered Agent

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

Higinio Colon

(Signature, type or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00

After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PST
COLON, HIGINIO
6007 S DIXIE HWY
W PALM BEACH, FL 33405 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
200080825522
10/13/06--01034--023 **750.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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☐ 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:

Higinio Colon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/06
Date

561-540-8507
Daytime Phone #

10/18/06