

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000103189

**FILED**  
**Nov 03, 2014**  
**Secretary of State**

**Entity Name:** LATIN QUARTER DEVELOPERS, INC.

**Current Principal Place of Business:**

6301 COLLINS AVENUE  
2106  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 415050  
MIAMI BEACH, FL 33141

**New Mailing Address:**

**FEI Number:** 75-3197100

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MONTE, ANTONIO  
6301 COLLINS AVENUE  
2101  
MIAMI BEACH, FL 33141 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: ANTONIO MONTES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P/T  
**Name:** CARDENAS, NICOLAS  
**Address:** P. O. BOX 415050  
**City-St-Zip:** MIAMI BEACH, FL 33141

**Title:** SVP  
**Name:** MONTES, ANTONIO  
**Address:** P. O. BOX 415050  
**City-St-Zip:** MIAMI BEACH, FL 33141

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANTONIO MONTES

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

SVP

11/03/2014

\_\_\_\_\_  
Date