

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 SEP 26 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000125097

1. Corporation Name

Latin Reach Monitoring

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

4805 Bay Heron PL

Suite, Apt. #, etc.

#717

City & State

Tampa, FL

Zip

33616

Country

USA

3. Mailing Office Address

4805 Bay Heron PL

Suite, Apt. #, etc.

#717

City & State

Tampa, FL

Zip

33616

Country

USA

REINSTATEMENT
CR2E081 (12/07)

06-08

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/2005

5. FEI Number
20-346-7867

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

Jose A. Rosario

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

4805 Bay Heron PL

Suite, Apt. #, Etc.

#717

City

Tampa

State

FL

Zip Code

33616

☒ 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

Date 15SEP08

REGISTERED AGENT MUST SIGN

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
P	Jose A. Rosario	4805 Bay Heron PL #717	Tampa/FL/33616

000136382910
09/26/08--01036--012 **458.75

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:

Jose A. Rosario

15SEP08

813-957-7037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

202

LATIN REACH MONITORING, Inc.
4805 Bay Heron Place #717
Tampa, Fl. 33616

Department of State
Division of Corporations
Tallahassee, Fl. 32314

To whom it may concern,

I am writing in reference to my application for corporation reinstatement.

I am enclosing a payment for \$458.75 for reinstatement and Certificate of Status.

I am requesting a waiver of the reinstatement fee due to the fact I had not received prior notices. My job requires extensive travel and mail is often forwarded to me. I have had difficulties with numerous documents not reaching me for months if at all.

Thank you for your consideration.

Regards,



Jose A. Rosario President
Latin Reach Monitoring