

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG 25 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

100159935371
08/25/09--01024--007 **600.00

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JM

CR2E081 (12/08)

DOCUMENT # P05000130748

1. Corporation Name
LATINOAMERICANA DE SERVICIOS
MARITIMOS-LASER MARITIME INC

2. Principal Office Address - No P.O. Box #
2655 LE JEUNE ROAD

3. Mailing Office Address
2655 LE JEUNE ROAD

Suite, Apt. #, etc.
526

Suite, Apt. #, etc.
526

City & State
CORAL GABLES, FL

City & State
CORAL GABLES, FL

Zip Country
33134 USA

Zip Country
33134 USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
20-3521805

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
RAFAEL E. SANCHEZ

Street Address (P.O. Box Number is Not Acceptable)
6959 JULIA GARDENS DRIVE

Suite, Apt. #, Etc.

City
COCONUT CREEK

State Zip Code
FL 33073

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 August 21, 2009.

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 |
|--------|-----------------------------------|------------------------------------------------|------------------------|
| D | RAFAEL E. SANCHEZ | 2655 LE JEUNE ROAD, #526 | CORAL GABLES, FL 33134 |
| D | GUSTAVO A. SANCHEZ | 2655 LE JEUNE ROAD, #526 | CORAL GABLES, FL 33134 |
| D | RAFAEL E. SANCHEZ JR. | 2655 LE JEUNE ROAD, #526 | CORAL GABLES, FL 33134 |
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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

108/21/2009.(954)6826583

Date Daytime Phone #