2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000123009

1. Entity Name
LATIN GRAND ENTERTAINMENT, INC.

FILED
09 AUG 17 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1717 NORTH BAYSHORE DRIVE SUITE 3050 MIAMI, FL 33132	1717 NORTH BAYSHORE DRIVE SUITE 3050 MIAMI, FL 33132

REINSTATEMENT 08-09

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1717 NORTH BAYSHORE DRIVE		1717 NORTH BAYSHORE DRIVE	
Suite, Apt #, etc. SUITE 2352		Suite, Apt. #, etc SUITE 2352	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33132	Country MIAMI-DADE	Zip 33132	Country MIAMI-DADE

4. FEI Number 20-5606119 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, GUILLERMO
10729 S.W. 104TH STREET
MIAMI, FL 33176

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 ____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 6/30/09

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BEDOYA, WALTER C 1717 NORTH BAYSHORE DR. SUITE # 3050 MIAMI, FL 33132 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1717 NORTH BAYSHORE DRIVE, SUITE 2352 MIAMI, FLORIDA 33132
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800159650668 08/17/09--01071--003 **300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: Walter Bedoya 6/30/09 305-530-0112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

X8/19