

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 APR 14 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000006832

1. Corporation Name

LATINAMERICAN OF NAPLES, INC

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

1503 JIMPSON LANE

Suite, Apt. #, etc.

3. Mailing Office Address

1503 JIMPSON LANE

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34105

Country

US

Zip

34105

Country

US

600175652886
04/14/10--01002--006 **459.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

01/10/2007

5. FEI Number
20-8199625

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

HIMBERTO DE LA CRUZ

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

1503 JIMPSON LANE

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34105

☒ 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

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	HUMBERTO DE LA CRUZ	1503 JIMPSON LANE	NAPLES, FL 34105

10. E-mail Address: latinamerican@comcast.net

(To be used for future annual report notification)

11. 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. I further certify, 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

Date

Daytime Phone #

4/5/10 (339) 821-3760