

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000038100

FILED
Oct 01, 2008
Secretary of State

Entity Name: LATOUR, ABAD & LEE INVESTMENTS, INC.

Current Principal Place of Business:

2581 NW 79 AVE.
MIAMI, FL 33122

New Principal Place of Business:

Current Mailing Address:

2581 NW 79 AVE.
MIAMI, FL 33122

New Mailing Address:

FEI Number: 20-8737694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LATOUR, ALFREDO
2581 NW 79 AVE.
MIAMI, FL 33122 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: ALFREDO LATOUR

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LATOUR, ALFREDO
Address: 2581 NW 79 AVE.
City-St-Zip: MIAMI, FL 33122

Title: VD () Delete
Name: LATOUR, NILDA
Address: 2581 NW 79 AVE.
City-St-Zip: MIAMI, FL 33122

Title: TD () Delete
Name: ABAD, JAIME
Address: 2581 NW 79 AVE.
City-St-Zip: MIAMI, FL 33122

Title: SD (X) Delete
Name: LEE, CHARLES
Address: 2581 NW 79 AVE.
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALFREDO LATOUR

PD

10/01/2008

Electronic Signature of Signing Officer or Director

Date