

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000079454

FILED
Dec 17, 2008
Secretary of State

Entity Name: LATINOS INSURANCE COMPANY, INC.

Current Principal Place of Business:

1825 PONCE DE LEON BLVD.
358
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

1825 PONCE DE LEON BLVD.
358
CORAL GABLES, FL 33134

New Mailing Address:

PO BOX 654502
MIAMI, FL 33265

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTIAGO, CARMEN R
1825 PONCE DE LEON BLVD.
358
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

SANTIAGO, CARMEN R
1825 PONCE DE LEON BLVD # 358
CORAL GABLES, FL 33134 US

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: CARMEN R SANTIAGO

12/17/2008

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: P () Delete
Name: FERNANDES, HORACIO J
Address: 1825 PONCE DE LEON BLVD. # 358
City-St-Zip: CORAL GABLES, FL 33134

Title: RA () Delete
Name: SANTIAGO, CARMEN R
Address: 1825 PONCE DE LEON BLVD. # 358
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: BIELMAN, FRANCISCO R
Address: PO BOX 654502
City-St-Zip: MIAMI, FL 33265

Title: RA (X) Change () Addition
Name: SANTIAGO, CARMEN R
Address: 1825 PONCE DE LEON BLVD # 358
City-St-Zip: CORAL GABLES, FL 33134

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: CARMEN R SANTIAGO

RA

12/17/2008

Electronic Signature of Signing Officer or Director

Date