

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000092238	
1. Entity Name LATINO LABOR & STAFFING INC.	



FILED

08 DEC 30 AM 11:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business 1532 AVALON PLACE FT. MYERS, FL 33901	Mailing Address 1532 AVALON PLACE FT. MYERS, FL 33901
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2. Principal Place of Business - No P.O. Box # 6423 CHAMPLAIN TERRACE	3. Mailing Address 6423 CHAMPLAIN TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc. DAVIE, FL 33331

10272008 REIN-P CR2E098 (1/07)

City & State DAVIE, FL	City & State FL
Zip 33331	Country USA
Zip 33331	Country USA

4. FEI Number 870810027	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BERMUDEZ, JOSE ENRIQUE 1532 AVALON PLACE FT. MYERS, FL 33901	
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7. Name and Address of New Registered Agent Name JOSE ENRIQUE BERMUDEZ SK. Street Address (P.O. Box Number is Not Acceptable) 6423 CHAMPLAIN TERRACE City DAVIE FL Zip Code 33331	
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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] DATE: 12/16/08	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BERMUDEZ, JOSE ENRIQUE 6423 CHAMPLAIN TERRACE DAVIE, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100139407201 12/31/08--01078--003 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERMUDEZ, JOSE ENRIQUE 6423 CHAMPLAIN TERRACE DAVIE, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

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: [Signature]	11/19/08 786-395-3246
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	