


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000114520		
1. Entity Name LATINOS PRODUCTS INC. OF KISSIMMEE, INC.		

FILED
08 NOV 12 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4641 PARKBREEZE CT. ORLANDO, FL 32808	Mailing Address 4641 PARKBREEZE CT. ORLANDO, FL 32808
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1421 N. John Young Pkwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Kissimmee, FL	
Zip	Country	Zip 34741	Country ORLANDO



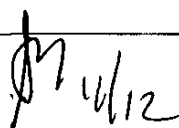
6. Name and Address of Current Registered Agent GONZALEZ, PEDRO 2556 CROWN RIDGE CIRCLE KISSIMMEE, FL 34744		7. Name and Address of New Registered Agent Name: Pedro Gonzalez Street Address (P.O. Box Number is Not Acceptable): 1421 N. John Young Pkwy City: Kissimmee FL Zip Code: 34741	
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8. 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.

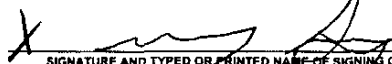
SIGNATURE:  DATE: 10/29/08

(NOTE: Registered Agent signature required when reinstating)

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	D GONZALEZ, PEDRO 2556 CROWN RIDGE CIRCLE KISSIMMEE, FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIP/T/S Pedro Gonzalez 1421 N John Young Pkwy Kissimmee Florida 34741 <input checked="" 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	100137835911 11/12/08--01003--003 **150.00 <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

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:  DATE: 10/28/08 407-935-9888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR