## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

|  | CORPORATION CONTROL OF THE CONTROL O | Secretary of State  DIVISION OF CORPORATIONS |                                 |                 | FILED  |   |  |  |  |
|--|--|--|---------------------------------|-----------------|--|---|--|--|--|
|  |  |  |                                 |                 |  | 09 NOV 13 AM 10: 28                       |  |  |  |
| DOCUMENT # PO8000058599  |  |  |                                 |                 | GÉCALTAR E OF STATE<br>TALLAHASSEE, PLORIDA  |   |  |  |  |
| ALL LATIN AMERICAN TRAPE, CORP.  |  |  |                                 |                 |  |   |  |  |  |
|  |  |  | /                               | İ               |  |   |  |  |  |
|  |  |  |                                 | l               | , , , ,  | 3 <mark>0016279</mark> 2<br>13/0901010014 | 723  |  |  |
| 2. Princ   | oipal Office Address No P.O. Box #<br>675 North CLUB PRIVE   | 3. Mailing Office Address 3675 NORTH         | 5 NORTH CLUB PRIVE              |                 |  | CR2E081 (10/09)                           |  |  |  |
| Suite  | :. Apt. #, etc.<br># 2309  | Suite, Apt. #, etc.<br>P 23                  | Po                              |                 | 4. Date Incorporated or Qualified To Do Business in Florida 6 16 2008  |   |  |  |  |
| A  | & STATE VENTURA , FL-  | City & State AVENTUE                         |                                 |                 | El Number  | 225120                                    | Applied For<br>Not Applicable                    |  |  |
| <b>ジャ</b> 3  | 3180 U.SA.   | 33180  | Country<br>U.S.A                | 6.<br>CEF       | RTIFICATE  |   | additional Fee required a Certificate of Status  |  |  |
|  |  | Current Registered Agent                     | · · · · ·                       |                 |  |   |  |  |  |
| Name   | ALBERTO NI   | ETO  |                                 |                 | <b>57</b>  |   |  |  |  |
| Street A   | ddress (P.O. Box Number is Not Acceptable) 3675 NORTH  | LUB PRI                                      |                                 |                 | The reinstatement fee is imposed, except in circumstances which the entity did not recieve the prior notices. By checking this box, you are certifying the prior notices were not recieved and requesting the reinstatement fee be waived. |   |  |  |  |
| Suite, A   | pt. #, Etc. # 2309   |  |                                 |                 |  |   |  |  |  |
| City AVENTURA 1 State 33/80.   |  |  |                                 |                 |  |   |  |  |  |
|  | ng appointed the registered agent of the above par   | ed corporation, am familia                   | ar with and accept the oblig    | ations of secti | on 607.050   |   |  |  |  |
| Signature of Registered Agent Date 1/1/2/09  |  |  |                                 |                 |  |   |  |  |  |
| 9. Name  | s and Street Addresses of Each Officer and/or Dir  | ector (Florida conprofit cor                 | porations must list at least    | 3 directors)    |  |   |  |  |  |
| l'illes  | Name of Street Address of Each Filles Officers and/or Directors officer and/or Director  |  |                                 |                 |  | · City/State                              | <i>i</i> Zip                                     |  |  |
| P  | ALBERTO NIF  | TO 3675                                      | NORTH CO                        | UB PE           | 2  | AVENTURA, FI                              | 33(80  |  |  |
| S  | JUAN CARLOS RA   | MIREZ 3675                                   | NORT) + CLU                     | B PRA           | 1-2309   | WENTHRA, FL                               | . 33180  |  |  |
| T  | CLAUPIA CARP   |  |                                 |                 |  |   |  |  |  |
|  |  |  |                                 |                 |  |   |  |  |  |
|  |  |  |                                 |                 |  |   |  |  |  |
|  |  | 7  |                                 | T A /T          |  |   | <del>/                                    </del> |  |  |
|  |  | i i  | KEIN?                           |                 | EN   | IENI                                      | <u> </u>   |  |  |
| 10. E  | mail Address:  | (To be used for fu                           | ture sinual report noutications | )               |  |   |  |  |  |
|  |  |  |                                 |                 |  |   |  |  |  |
| It. I certify that, I am an officer or director or the receiver or trustee empowered to execute this application as provided 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: ALBERTO MIETO, PRES 11/10/09 305-305-4179 SIGNATURE IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Day time Phone Phone  |  |  |                                 |                 |  |   |  |  |  |
| <del></del>  |  |  |                                 |                 |  |   |  |  |  |

(305)662-18ZYA

## CORPORATION(S) NAME

| DIL C                            | - stin | American                             | 1 Trade     | e, CORP.                                    |
|----------------------------------|--------|--------------------------------------|-------------|---|
|                                  |        |                                      |             | . <b>'</b>                                  |
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|                                  |        |                                      |             |   |
|                                  | *,     |                                      |             |   |
| ( ) Profit<br>(' ) NonProfit     | 1      | ( ) Amendment                        |             | ( ) Merger                                  |
| ( ) Foreign                      |        | ( ) Dissolution                      |             | ( ) Mark                                    |
| ( ) Limited Partne               |        | ( ) Annual Report<br>( ) Reservation |             | ( ) Other<br>( ) Change of Registered Agent |
| ( ) Certified Capy               | V,     | ( ) Photo Copies                     |             | ( ) Certificate Under Seal                  |
| ( ) Call When Rea<br>( ) Walk in |        | ( ) Call If Problem                  | (>) Fick Up | ( ) After 4:30'                             |

**impire** Toll Free: 1-800-432-3028

Name Availability Document Examiner Updater Verifier Acknowledgment W.P. Verifier