

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000019053

1. Corporation Name

LATIF FARMS INC.

Principal Place of Business

Mailing Address

~~1660 NW 82 AVE~~ 201 S. Biscayne Blvd
~~MIAMI FL 33128~~ Suite 3150
~~US~~ Miami Center
Miami, FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

201 S. Biscayne Blvd

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33131

Country
USA

3. New Mailing Office Address, If Applicable

(Same)

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/1993

5. FEI Number

65-0398685

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D.P.T. S	LATIF, MOHAMED SIDIK	1660 NW 82 AVE 201 S. Biscayne Blvd. #3150	MIAMI FL-33128 33131
D	ARROCHA, ARMANDO	1660 NW 82 AVE	MIAMI FL-33128
			800004693868--6 -11/26/01--01080--013 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

~~ARROCHA, ARMANDO~~
~~1660 NW 82 AVE~~
~~MIAMI FL 33128~~

9. Name and Address of New Registered Agent

Name
Mohamed Sidik Latif
Street Address (P.O. Box Number is Not Acceptable)
201 S. Biscayne Blvd
Suite, Apt. #, Etc.
3150
City
Miami
State
FL
Zip Code
33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/31/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/00

Daytime Phone #

CR2E040 (8/00)

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Late Farms

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- ☒ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

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DIVISION OF CORPORATION

Signature _____

Requested by EW

11/14

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____