

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PA15000011584

1. Corporation Name

LATIN VAN LINES, INC.

Principal Place of Business

Mailing Address

3300 NORTH WEST 67TH STREET
MIAMI, FLORIDA 33147

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

FEB. 09, 1995

5. FEI Number

65-0554477

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	MANUEL J. ROJAS	3848 OAK RIDGE CIRCLE	WESTON, FLORIDA 33331
D	BARBARA A. ROJAS	353 WEST 47TH STREET, 9D	MIAMI BEACH, FLORIDA 33140
D	EDWARD M. ROJAS	4734 NORTH WEST 98TH PLACE	MIAMI, FLORIDA 33178
			800002683388 --- 1 -11/09/98--01098--020 ****300.00 ****300.00

8. Name and Address of Current Registered Agent

MANUEL J. ROJAS
3848 OAK RIDGE CIRCLE
WESTON, FLORIDA 33331

9. Name and Address of New Registered Agent

Name

MANUEL J. ROJAS

Street Address (P.O. Box Number is Not Acceptable)

3848 OAK RIDGE CIRCLE

Suite, Apt. #, Etc.

WESTON

City

WESTON

State

FL

Zip Code

33331

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

MANUEL J. ROJAS

305-693-6683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

98 NOV -6 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

97-98

CR2E040 (1/98)