

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 DEC 23 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000023013

1. Corporation Name

LATIN AMERICAN FINANCIAL SERVICES, INC.

2. Principal Office Address

701 BRICKELL AVENUE

Suite, Apt. #, etc.

1460

City & State

MIAMI, FLORIDA

Zip

33131

Country

US

3. Mailing Office Address

701 BRICKELL AVENUE

Suite, Apt. #, etc.

1460

City & State

MIAMI, FLORIDA

Zip

33131

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

3/22/95

5. FEI Number

65-0651201

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALVARO B. CASTILLO

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

1533 SUNSET DRIVE

Suite, Apt. #, Etc.

201

City

MIAMI

State
FL

Zip Code
33143

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	ROBERTO ZAMORA	701 BRICKELL AVENUE, #1460	MIAMI, FLORIDA 33131
SD	MARIA J. ZAMORA	701 BRICKELL AVENUE, #1460	MIAMI, FLORIDA 33131

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/10/02 305374-6001

CR2E081 (9/01)



December 20, 2002

Division of Corporations
Uniform Business Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

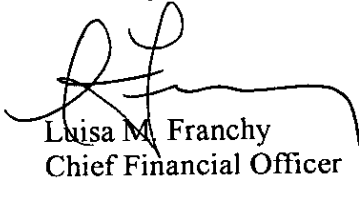
To Whom It May Concern:

Enclosed is the Reinstatement Form for Latin American Financial Services Corp. for the 2002 Uniform Business Report.

We respectfully request the abatement of the reinstatement fee as we never received any of the original or subsequent notice. We have always complied with the filing requirements in the past and will do so in the future.

Thank you for your consideration in this matter.

Sincerely,



Luisa M. Franchy
Chief Financial Officer