

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 AUG -5 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



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

DOCUMENT #

8960000 28570

1. Corporation Name

LATO-GRAPHICS, INC

400007076834--2

-08/13/02--01048--021

****308.75 ****308.75

2. Principal Office Address

8350 NW 68 ST.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Same

City & State

MIAMI, FL.

City & State

Same

Zip

33166

Country

U.S.A.

Zip

Same

Country

Same.

4. Date Incorporated or Qualified
To Do Business in Florida

4-1-96

5. FEI Number

65-0655015

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

KATTIA PADILLA

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

5743 NW 114 PATH #108

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33178

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

Kattia Padilla

REGISTERED AGENT MUST SIGN

Date

7/26/02

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
President	KATTIA PADILLA	5743 NW 114 Path # 108	MIAMI, FL. 33178

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:

Kattia Padilla

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/26/02

Daytime Phone #

305-599-7303

7/26/02