


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000101187

1. Corporation Name

SHEILA LATIMER, P.A.

Principal Place of Business

Mailing Address

1390 SOUTH DIXIE HIGHWAY, SUITE 2218
CORAL GABLES FL 33146

1390 SOUTH DIXIE HIGHWAY, SUITE 2218
CORAL GABLES FL 33146

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

LAW OFFICE OF LATIMER PA
U.S. Dept. of Justice
155 S. Miami Ave. FL 33130
Miami, FL 33130

155 S. Miami Ave.

Suite, Apt. #, etc.

Penthouse 1C #10

City & State

Miami FL

Zip

33130

Country

U.S.A.

4. Date Incorporated or To Do Business in Florida

*****8.75 *****8.75

12/13/1996

5. FEI Number

65-0725114

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
D	LATIMER, SHEILA ESQ.	1390 SOUTH DIXIE HIGHWAY, SUITE	CORAL GABLES FL 33146
		155 S. Miami Ave.	
		PH-1C #10	
		Miami FL 33130	Miami FL 33130
			100004697001--7
			-11/28/01--01051--006
			*****750.00 *****750.00
			REINSTATEMENT 01/1/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LATIMER, SHEILA ESQ.
1390 S. DIXIE HWY.
SUITE 2218
CORAL GABLES FL 33146

Name

Latimer, Sheila, ESQ.

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

155 S. Miami Avenue

Suite, Apt. #, etc.

Penthouse 1C Suite 10

City

Miami

State

FL

Zip Code

33130

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

10-25-01

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
SHEILA LATIMER

Date

Daytime Phone #

10-25-01

CR2ED40 (8/01)