

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 # P96000101757

1. Corporation Name

LATINAMERICAN ASSETS MANAGEMENT, INC.

Principal Place of Business

208 LINCOLN AVE
LEHIGH ACRES FL 33972

Mailing Address

208 LINCOLN AVE
LEHIGH ACRES FL 33972

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/1996

5. FEI Number

☒ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	ARROYO, ANA-MARIA	211 LINCOLN AVE	LEHIGH ACRES FL 33972
DV	ARROYO, FIDEL V	211 LINCOLN AVE	LEHIGH ACRES FL 33972
DS	CIFUENTES, LUZ M	208 LINCOLN AVE	LEHIGH ACRES FL 33972
DT	CIFUENTES, GREGORIO	208 LINCOLN AVE	LEHIGH ACRES FL 33972

200002351022-4
-11/19/97-0071-
****176.75 ****176.75

8. Name and Address of Current Registered Agent

LISZEWSKI, LEONARD L
2118 CLEVELAND AVE
FT MYERS FL 33901

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-1-97 (941-369-3585)

CRS040 (8/97)

2

November 3, 1997

**DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314**

TO WHOM IT MAY CONCERN:

WE RECEIVED AN APPLICATION FOR REINSTATEMENT WITH AN AMOUNT DUE OF \$750 (SEE ATTACHED).

OUR RECORDS INDICATE THAT WE DIDN'T RECEIVE ANY FORMS PRIOR TO THE ATTACHED ONE, AND SINCE WE'RE PRACTICALLY A NEW CORPORATION WE DIDN'T KNOW WE HAD TO FILE ONE.

AFTER A QUICK PHONE CONVERSATION WITH OUR ACCOUNTANT, WE CAME TO FIND OUT THAT THE ORIGINAL FEE BEFORE MAY 1, 1997 IS \$168 FOR THE RENEWAL PLUS \$8.75 FOR A CERTIFICATE OF STATUS.
PLEASE FIND ATTACHED A CHECK FOR THE AMOUNT OF \$176.75.

WE'RE VERY SORRY FOR THIS INCONVENIENCE, WE KNOW WE WILL FILE ON TIME NEXT YEAR.

SINCERELY,

GREGORIO SIFUENTES