

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
 03 MAR 10 PM 12:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000019960**
 1. Corporation Name **FELIPE LATA ENTERPRISES, CORP**

2. Principal Office Address 10001 NW 135 ST		3. Mailing Office Address 2327 W 52 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hialeah GARDENS FL		City & State Hialeah FL	
Zip 33018	Country USA	Zip 33016	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **MARCH 1997**

5. FEI Number **65-0732752** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

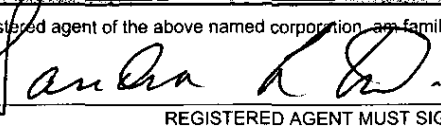
7. Name and Address of Current Registered Agent

Name **Sandra Lata**

Street Address (P.O. Box Number is Not Acceptable) **10001 NW 135 ST** **900013737469**
 Suite, Apt. #, Etc. **03/10/03--01085--017 **300.00**

City **Hialeah GARDENS** State **FL** Zip Code **33018**

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.

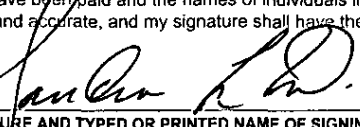
Signature of Registered Agent  Date **02-14-03**

REGISTERED AGENT MUST SIGN

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
P	Sandra Lata	10001 NW 135 ST	Hialeah Gards FL 33018

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)(l), 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:  **02-14-03** (305) 824-1770
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)