

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL -3 AM 10:37

DOCUMENT # P97000056761

1. Corporation Name

LATIN CONNECTION PRODUCTIONS INC

2. Principal Office Address - No P.O. Box #

540 Brickell Key Dr.

Suite, Apt. #, etc.

Suite 1704

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

540 Brickell Key Dr.

Suite, Apt. #, etc.

Suite 1704

City & State

Miami, FL

Zip

33131

Country

USA

6/30/08 01036 005 \$ 300.00
REINSTATEMENT 06-08

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/1997

5. FEI Number
650768128

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

MIGUEL PARRA

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

540 Brickell Key Dr.

Suite, Apt. #, Etc.

Suite 1704

City

Miami

State

FL

Zip Code

33131

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **07/01/2008**

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	MIGUEL PARRA	540 Brickell Key Dr. Suite 1704	Miami, FL 33131

300132654493
07/10/08--01029--007 **150.00

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 contained in Chapter 119, 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

Miguel Parra

07/01/2008

Date

786-287-9977

Daytime Phone #

7/7
aw