

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

03 MAY -5 AM 8:05

DOCUMENT # P91000056761

1. Corporation Name

Latin Connection Productions

2. Principal Office Address

860 NW 122 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33182

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/27/97

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)

860 NW 122 Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33182

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

04/30/03

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
<u>P</u>	<u>Miguel Parra</u>	<u>Same Above</u>	

600018024166

05/05/03--01119--006 \*\*\*450.00

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 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]

Miguel Parra

Date

04/30/03

Daytime Phone #

305 6689977

CR2E081 (10/02)

5/9/03

Latin Connection Productions  
860 nw 122 ave  
Miami ,Fl 33182

I am sending the payment for year 2001 and I would like the late fee to be waived.  
Thank you very much.

Miguel Parra