


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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<b>CORPORATION</b>				FLORIDA DEPARTMENT OF STATE	
				Katherine Harris Secretary of State	
				DIVISION OF CORPORATIONS	
DOCUMENT # P97000088424					
1. Corporation Name <u>LATIN American flower Express, Inc</u>					
2. Principal Office Address			3. Mailing Office Address:		
<u>9553 SW 20 Ter</u>			<u>SAME</u>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
<u>MIAMI, FL</u>					
Zip		Country	Zip		Country
<u>33165</u>		<u>US</u>			

FILED

01 APR 30 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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05/17/01-01113-006

\*\*\*\*150.00 \*\*\*\*150.00

66/19/00 90004 010150.

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number	Applied For
<u>65-0792595</u>	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name	<u>GUILLERMO CAMELO (PRESIDENT)</u>
Street Address (P.O. Box Number is Not Acceptable)	<u>9553 SW 20 Ter</u>
Suite, Apt. #, Etc.	<u>Miami</u>
City	<u>MIAMI</u>
State	<u>FL</u>
Zip Code	<u>33165</u>

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\*\*\*\*\*8.75 \*\*\*\*\*8.75

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 04/23/01

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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>Vice President</u>	<u>MARIA CAMPOS</u>	<u>9553 SW 20 Ter</u>	<u>Miami, FL, 33165</u>

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 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

Date

Daytime Phone #

(305) 463-7200

04/23/10, Page 2 of 2

LATIN AMERICAN POWER EXPRESS, INC  
9553 SW 20 TERR  
MIAMI, FL, 33165

TO WHOM IT MAY CONCERN:

This letter is to inform you that we filed the annual report on time for last year and that I am asking you to please to do a reinstatement of our company . Feel free to contact me if you need to talk to me at 305 463-7200.

*Magda Campos*

Sincerely,  
Magda Campos