PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION **Katherine Harris** FOR Trans Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 99 DEC 14 PH 12: 16 DOCUMENT # P98000046608 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA LATIN QUARTER ENTERTAINMENT, INC. Principal Place of Business 7901 LUDLAM ROAD, SUITE 204 SAME MIAMI, FLORIDA 33143 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2 New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 5/26/98 Suite. Ast. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 65-0840111 Not Applicable \$8.75. Ademonal Fee reguire Zin Zip Country Country CERTIFICATE OF STATUS DESIRED Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers City / State / Zip Title(s) D MANCHESTER, JEFFREY C. 7901 LUDLAM ROAD, SUITE 204 MIAMI, FLORIDA 33143 700003078527----12/22/99--01047--032 ***1500.00 ***1500.00 REINSTATEMENT 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent JEFFREY C. MANCHESTER 7901 LUDLAM ROAD, SUITE 204 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES, FLORIDA 33143 Suite, Apt. #, Etc. City State | Zip Code 10. I being appointed the registered agent of corporation, am familiar with and accept the obligations of Section 607,0505, F.S. Signature of Registered Agent Date NEGISTERED AGENT MUST SIGN 11. This corporation of wes the current year (See other side for information on intangible lax.) Yes 🖸 No 🗖 Intangible Personal Property Tax due June 30. 12. Lecrtify 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 filling 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 quality 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. JEFFREY C. MANCHESTER, DIRECTOR SIGNATURE: