

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 24 AM 10: 07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P98000D81834**

1. Corporation Name

LATIN COMPACT, INC.

2. Principal Office Address

7141 Collins Avenue

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33141

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 2000-01

4. Date Incorporated or Qualified To Do Business in Florida

09/22/98

5. FEI Number

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

CARLOS BEDOYA

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

7141 Collins Avenue

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33141

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 **12/08/00**

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
D/P	CARLOS BEDOYA	7141 COLLINS AVENUE	MIAMI BEACH, FL 33141
			<p>900003673129--8 -02/09/01--01100--016 ****500.00 ****500.00</p>
			<p>900003673129--8 -02/09/01--01100--017 ****258.75 ****258.75</p>
			<p>900003673129--8 -02/09/01--01100--018 ****150.00 ****150.00</p>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/08/00
Date

(305) 751 2630
Daytime Phone #

KE

CP2E081 (9/99)