

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

99 NOV -8 PM 1:36

DOCUMENT # **P98000094402**

1. Corporation Name

LATINAMERICAN INTERMEDIARIES INC.

Principal Place of Business

Mailing Address

520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI FL 33131

520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/1998

5. FEI Number

Applied For

Applied for

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	ESCOBAR, CLAUDIA	520 BRICKELL KEY DRIVE	MIAMI FL 33131
D	AVILA, JOSE	520 BRICKELL KEY DRIVE	MIAMI FL 33131
P/S	Escobar, Claudia	520 Brickell Key Drive Suite 0-305	Miami, FL 33131
VP	Avila, Jose	520 Brickell Key Drive Suite 0-305	Miami, FL 33131
AS	Rojas, Marco	520 Brickell Key Drive Suite 0-305	Miami, FL 33131

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROJAS, MARCO E
520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI FL 33131

Name

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

Suite, Apt. #, Etc.

City

200003046532-0

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***750.00 ZF 750.00

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. 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

Marco E. Rojas

Date

Daytime Phone #

11/4/99 305-374-3800