

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 CORPORATIONS

00 OCT 17 PM 2:26

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

11/06/1998

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PS	ESCOBAR, CLAUDIA	520 BRICKELL KEY DRIVE SUITE 0-3	MIAMI FL 33131
V	AVILA, JOSE	520 BRICKELL KEY DRIVE SUITE 0-3	MIAMI FL 33131
AS	ROJAS, MARCO	520 BRICKELL KEY DRIVE SUITE 0-3	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

State

FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-13-00

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/13/00 (305)374-3800

CR2E040 (8/00)

Mar 13 2000 11:25AM

NO. 1800

1-678-530-72
612

Form **SS-4**

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

(Rev. February 1998)
Department of the Treasury
Internal Revenue Service

Keep a copy for your records.

GIN

OMB No. 1545-0008

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) Latinamerican intermediaries Inc.	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 520 BRICKELL KEY DRIVE - 305	4b Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code MIAMI, FL 33131	5b City, state, and ZIP code
	6 County and state where principal business is located MIAMI-DADE, FLORIDA	
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶ PASSPORT CLAUDIA ESCOBAR	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify) ▶
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ▶	(enter GEN if applicable)
<input checked="" type="checkbox"/> Other (specify) ▶ CORPORATION	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State FLORIDA	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input checked="" type="checkbox"/> Started new business (specify type) ▶	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Created a trust (specify type) ▶
	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions) 11/6/98	11 Closing month of accounting year (see instructions) 12/31
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions)	Nonagricultural 0	Agricultural 0	Household 0
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14 Principal activity (see instructions) ▶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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16 To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale)	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶		

17a Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.	Legal name ▶	Trade name ▶
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17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.	Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(305) 374-3800

Fax telephone number (include area code)

(305) 374-1151

Name and title (Please type or print clearly.) ▶ **Claudia Escobar - President**

Signature ▶ **[Signature]** Date ▶

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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FREEMAN, BUTTERMAN, HABER & ROJAS, LLP.

ATTORNEYS AT LAW

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* Also admitted in New York
** Only admitted in New York
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October 13, 2000

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: *Latinamerican Intermediaries, Inc.*

On October 12th, 2000 we received a ***Notice of Administrative Dissolution or Revocation*** for the above referenced corporation. Please note that the Uniform Business Report for this corporation was filed on April 28th, 2000 and sent along with the annual maintenance of \$150.00 (check #1082). The Federal Employment Identification Number was applied for in May, but to date we have not received the number nor have we received any correspondence from yourselves or the Internal Revenue Service.

Pursuant to my telephone conversation of today with the Florida Department of State, please find enclosed the Notice of Dissolution duly signed and a copy of the SS4 form. For your information I have sent a fax to the Internal Revenue Service re-applying for the FEI Number.

I hope this information is of help to you. Should you have any questions in reference to this matter, please do not hesitate to contact me.

Thank you and kind regards,



Lucia C. Cabrales
Corporate Account Manager