

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 APR -2 AM 8:15

**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSSECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 999000000427

## 1. Corporation Name

LatinFinancial Corporation

**REINSTATEMENT** 03-04

## 2. Principal Office Address

6555 NW 36th Street

## 3. Mailing Office Address

6555 NW 36th Street

Suite, Apt. #, etc.

116-B

Suite, Apt. #, etc.

116-B

City &amp; State

Virginia Gardens, Florida

City &amp; State

Virginia Gardens, Florida

Zip

33166

Country

Miami Dade

Zip

33166

Country

Miami Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

January 4th, 1999

## 5. FEI Number

65-0894963

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

Juan Carlos Garces

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

6555 NW 36th Street

Suite, Apt. #, Etc.

116-B

City

Virginia Gardens

State  
FLZip Code  
33166

## 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 March 14th, 2004

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
P	Juan Carlos Garces	6555 NW 36th Street # 116-B	Virginia Gardens, FL. 33166

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

JUAN CARLOS GARCES

March 24th; 20

Date

305-876-9490

Daytime Phone #

CR2E081 (01/04)