

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000000427

1. Corporation Name

LATINFINANCIAL CORPORATION

2. Principal Office Address

1505 EAST 17ST SUITE 104

Suite, Apt. #, etc.

City & State

SANTA ANA CA

Zip

92705

Country

U.S.A

3. Mailing Office Address

1505 EAST 17ST SUITE 104

Suite, Apt. #, etc.

City & State

SANTA ANA CA

Zip

92705

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1999

5. FEI Number

650894963

Applied For

Not Applicable

6.



7. Name and Address of Current Registered Agent

Name

A1A REGISTERED AGENT INC.

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

92 SADBERRY ROAD

Suite, Apt. #, Etc.

City

QUINCY

State
FL

Zip Code

32351

200081302942

10/27/06 01055 006 #300.00

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

[Signature]

x

REGISTERED AGENT MUST SIGN

Date 09/21/2006

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 GARCES	1505 EAST 17ST SUITE 104	SANTA ANA CA 92705

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

x JUAN GARCES 10/02/2006

Date

714-717-3825

Daytime Phone #

DATE: 10/02/2006

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: LATINFINANCIAL CORPORATION
JUAN GARCES

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORTS FOR 2005 AND 2006.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALTU.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 714-717-3825

THANKS,



LATINFINANCIAL CORPORATION
JUAN GARCES