

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000005951

1. Corporation Name

LATINWORK PUBLISHING COMPANY

Principal Place of Business

PMB 110  
15751 SHERIDAN STREET  
FORT LAUDERDALE FL 33331

Mailing Address

PMB 110  
15751 SHERIDAN STREET  
FORT LAUDERDALE FL 33331

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc. PMB 186

City & State  
15751 SHERIDAN ST. FL LAUDERDALE, FL

Zip 33331 Country US

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. PMB 186  
15751 SHERIDAN STREET

City & State  
FL LAUDERDALE, FL

Zip 33331 Country US

4. Date Incorporated or Qualified  
To Do Business in Florida

01/20/1999

5. FEI Number

65-0892821

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
D	MANTILLA, JESUS ALFREDO	16308 NW 16TH STREET 501 NW 141st Ave. #207	PEMBROKE PINES FL 33028

8. Name and Address of Current Registered Agent

PEDERSEN, CAROLY  
3111 STIRLING ROAD  
FT. LAUDERDALE FL 33312

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-15-02

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  
JESUS ALFREDO MANTILLA

Date

Daytime Phone #

11-15-02 954-430-1090

FILED

02 NOV 25 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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11/25/02--01045--017 \*\*750.00



REINSTATEMENT 02

CR2040 (8/02)