

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 OCT 25 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000077498

1. Corporation Name

D R LATIN AMERICA INC.

Principal Place of Business

10050 NW 116TH WAY, SUITE 11
MIAMI FL 33178

Mailing Address

2977 BRIDGEPORT AVE
MIAMI FL 33133



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.

P.O. BOX 330607

Suite, Apt. #, etc.

P.O. BOX 330607

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33233 USA

Zip

33233 USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/31/1999

5. FEI Number

65-0951947

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ROSEMEIER, MICHAEL	10050 NW 116TH WAY, SUITE 11	MIAMI FL 33178

700008597707
10/25/02-01082-025 **750.00

10/30

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSEMEIER, MICHAEL
2977 BRIDGEPORT AVE
MIAMI FL 33133

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

10/22/02

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

Date

Daytime Phone #

10/22/02