

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *P 99000080290*

1. Corporation Name  
LATMON, CORP.

2. Principal Office Address  
3010 MARCOS DRIVE

Suite, Apt. #, etc.  
R 108

City & State  
AVENTURA, FL.

Zip Country  
33160 USA

3. Mailing Office Address  
3010 MARCOS DRIVE

Suite, Apt. #, etc.  
R 108

City & State  
AVENTURA, FL.

Zip Country  
33160 USA

FILED

05 MAY 27 PM 12:20

SECRET  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 02-05**

*WOP*

4. Date Incorporated or Qualified  
To Do Business in Florida 09/10/1999

5. FEI Number  
65-0946395

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  
JOSEPH LATORRE

Street Address (P.O. Box Number is Not Acceptable)  
3010 MARCOS DRIVE

Suite, Apt. #, Etc.  
R 108

City  
AVENTURA

State Zip Code  
FL 33160

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 *Joseph Latorre*  
REGISTERED AGENT MUST SIGN

Date *5/22/05*

**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
STD	LATORRE, LUZ S	3010 MARCOS DRIVE #R 108	AVENURA, FL. 33160

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: *Joseph Latorre*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/22/05*  
Date

*305-933-6789*  
Daytime Phone #

CR2E081 (01/05)

3010 Marcos Dr. Suite R108  
Aventura, Florida 33160

222

# Latmon, Corp.

May 19, 2005

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Document #P99000080290

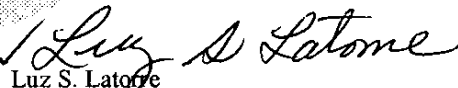
Dear Sir or Madam:

Per your instructions enclosed is a Reinstatement form for our corporation together with a check for \$600.00 for the Annual Corporate Fees for the years 2002, 2003, 2004 and 2005. As we discussed, we never received the Annual Reports from you. This was provably due to the fact that we had moved our offices back in 2002, or perhaps the reports got lost in the mail. As soon as we realized the fees had not been paid, we contacted you.

Please process the forms as this is a very important matter for us.

Thank you very much for your assistance in this matter.

Sincerely,



Luz S. Latorre  
President

Real Estate Investment Group