

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000102897

1. Corporation Name

LATIN AMERICA LOGISTICS GROUP, INC.

Principal Place of Business

Mailing Address

~~4406 OLD WINTER GARDEN ROAD  
ORLANDO FL 32802~~

~~4438 OLD WINTER GARDEN ROAD  
ORLANDO FL 32802~~

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

2. New Principal Office Address, If Applicable

1561 NW 82nd Ave  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1561 NW 82nd Ave  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

11/24/1999

5. FEI Number

11-3521330

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
Pres	claudio Bacchi	5671 NW 82nd Ave #108 MIAMI FL 33178	Miami FL 33178

800003506129-1  
-12/19/00-01077-010  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

~~BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
4435 OLD WINTER GARDEN ROAD  
ORLANDO FL 32802~~

9. Name and Address of New Registered Agent

Name

claudio Bacchi

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

1561 NW 82nd Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33126

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.

Signature of  
Registered Agent

X

SIGNATURE REQUIRED

Date

10/19/00

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 #

10/19/00 (305) 594-2600

KE