

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS



**FILED**

98 JUN 29 PM 4:00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **V29594**      **W98-3940**  
 1. Corporation Name **ALLSTAR LATIN AMERICAN PROMOTIONS**

Principal Place of Business      Mailing Address  
**8500 SW 8 ST #202**      **8500 SW 8 ST #202**  
**MIAMI, FL 33144**      **MIAMI, FL 33144**

**REINSTATEMENT 94-9800**

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	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>04/20/92</b>
City & State	City & State	5. FEI Number
Zip	Country	<b>65-0327125</b>
		Applied For
		Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRESIDENT	FELIX ZABALA	8860 SW 10 TERR MIAMI, FL 33174	MIAMI, FL 33174
VICE PRESIDENT	FELIX R. ZABALA	8860 SW 10 TERR	MIAMI, FL 33174

000002570280-6  
 -07/01/98--01102-009  
 \*\*\*1350.00 \*\*\*1350.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
<b>FELIX ZABALA</b> <b>8860 SW 10 TERR</b> <b>MIAMI, FL 33174</b>	Name <b>FELIX ZABALA</b> Street Address (P.O. Box Number is Not Acceptable) <b>8860 SW 10 TERR</b> Suite, Apt. #, Etc. City <b>MIAMI</b> State <b>FL</b> Zip Code <b>33174</b>

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      Date **8/4/97**  
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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:      **8/4/97**      **(305) 261 3323**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      /Date      Daytime Phone #

CFR25040 (12/96)