

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

99 DEC -8 PM 6:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V29594

1. Corporation Name  
ALLSTAR LATIN AMERICAN PROMOTIONS, INC.

Principal Place of Business	Mailing Address
8500 SW 8 ST. H-202 MIAMI FL 33144	8500 SW 8 ST. H-202 MIAMI FL 33144



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. 953 SW 87 AVE		Suite, Apt. #, etc. 953 SW 87 AVE		04/20/1992	
City & State MIAMI, FL		City & State MIAMI, FL		5. FEI Number 65-0327125	
Zip 33174		Zip 33174		Applied For Not Applicable	
Country U.S.A		Country U.S.A		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	4. City / State / Zip
P	ZABALA, FELIX	8860 SW 10 TERR	MIAMI FL 33174
VP	ZABALA, FELIX R	8860 SW 10 TERR	MIAMI FL 33174

REINSTATEMENT *[Handwritten Signature]*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ZABALA, FELIX 8860 SW 10 TERR MIAMI FL 33174		Name 708883076567 Street Address (P.O. Box Number, Not Applicable) -12/21/99-01055-009 Suite, Apt. #, Etc. 750.00 750.00 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.  
Signature of Registered Agent: *[Handwritten Signature]* Date: 12/6/99  
REGISTERED AGENT MUST SIGN

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: *[Handwritten Signature]* Date: 12/6/99 Daytime Phone #: (305) 261-3323  
REQUIRED