

**2024 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N15000007936

**Entity Name:** LATINO PILOT'S ASSOCIATION INC.

**Current Principal Place of Business:**

3501 N. PONCE DE LEON BLVD.  
SUITE B-397  
SAINT AUGUSTINE, FL 32084

**Current Mailing Address:**

3501 N. PONCE DE LEON BLVD.  
SUITE B-397  
SAINT AUGUSTINE, FL 32084 US

**FEI Number:** 47-5444274

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ZAPATA-CARDONE, CLAUDIA PRESIDENT  
3501 N. PONCE DE LEON BLVD.  
SUITE B-397  
SAINT AUGUSTINE, FL 32084 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** CLAUDIA ZAPATA-CARDONE

10/30/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ZAPATA-CARDONE, CLAUDIA  
Address        3501 N. PONCE DE LEON BLVD.  
                  SUITE B-397  
City-State-Zip: SAINT AUGUSTINE FL 32084

Title            VP  
Name            MORA, CHRISTOPHER  
Address        3501 N. PONCE DE LEON BLVD.  
                  SUITE B-397  
City-State-Zip: SAINT AUGUSTINE FL 32084

Title            FINANCE DIRECTOR  
Name            MUNOZ, MANUEL  
Address        3501 N. PONCE DE LEON BLVD.  
                  SUITE B-397  
City-State-Zip: SAINT AUGUSTINE FL 32084

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MANUEL MUNOZ

FINANCE DIRECTOR

10/30/2024

Electronic Signature of Signing Officer/Director Detail

Date