2006 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT								FILE!	<u> </u>			
DOCUMENT # 173470					(T. S.	20				,		
1. Entity Name THE AMERICAS PUBLISHING COMPANY							2006 JUL 17 AM 10: 27					
							SE	CRETARE O LAHASSEE	JAIL د : FLORID	Α		
Principal Place of Business			Mailing Address				IALI	LAUMOSELI	, , , , , , , , , , , , , , , , , , , ,	۲.		
2900 NORTHWEST 39TH STREET MIAMI, FL 33142			9192 CORAL WAY SUITE 201									
			MIAMI, FL 33165				1 3 6 6 7 1 1 1 1 1 1		OF BILL GIOLD OF BILL BI		EZ (1) (EZ)	
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				06212006	REIN-P	CR2E098	(11/05)		
City & State			City & State				4, FEI Number 59-0698				plied For Applicable	
Zip	Country		Zip Coun		try	5. Certificate of Status Desire				3.75 Addi e Required		
	6. Name and Add	ress of Current F					7. Name and Address of New Registered Agent					
CABALLERO, MARCIA B					Name .							
9192 COR SUITE 201	AL WAY			Street Add	reet Address (P.O. Box Number is Not Acceptable)							
MIAMI, FL 33165												
10 0 0					City FL Zip Code							
8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept												
the obligations of registered legint												
SIGNATURE Signature. Toped or prigraginarity of registered applicable (NOTE: Registered Agent signature required when reinstating) DAV:												
FIL	LE NOW!!! FEE	rs \$900.00										
10.		OFFICERS AND I	DIRECTORS	11.			ADDITIONS/C	CHANGES TO OFF	ICERS AND D	RECTORS	IN 11	
TITLE NAME	PD AGUIRRE, HORA	CIO	☐ Delete	UTIT MAN						Change	☐ Addition	
STREET ADDRESS	2900 N.W. 39TH	ST.			ET ADDRESS		5	00077	' 823:	165		
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NAME			- Delete	NAM					L	T CIRING	Addition	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST - ZIP							
12. I hereby	certify that the information	ation supplied with	this filing does not qualify for	or the exi	emptions con	ntained	I in Chapter 119,	Florida Statutes. I	further certify	that the in	formation	
indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.												
SIGNATURE: 1/24/06 305 633-3341											1341	
	SIGNA	TURNAND TYPED OR P	RINTED HAME OF STONING OFFICER	OR DIREC	TOR		,	Date .	Dayt	me Phone #		

ALCIANDA AguiRA. SECRETARY