


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 10:09

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P02000044523**

1. Corporation Name

**CLEMENT PUBLISHING, INC.**

Principal Place of Business

Mailing Address

1529 NW SOUTH RIVER DRIVE  
 MIAMI FL 33125

1529 NW SOUTH RIVER DRIVE  
 MIAMI FL 33125

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2655 LeJeune Rd.  
 Suite 1001  
 Coral Gables, FL  
 33134 USA

**REINSTATEMENT 03**

4. Date Incorporated or Qualified To Do Business in Florida

04/24/2002

5. FEI Number

09-3653741

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$6.75 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
PSD	BODIN, GLORIA ROA	1529 NW SOUTH RIVER DRIVE	MIAMI FL 33125
VTD	BODIN, ERIC A	1529 NW SOUTH RIVER DRIVE	MIAMI FL 33125

200023961722  
 10/21/03--01022--025 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SANCHEZ, NATALIE  
 2655 LEJEUNE ROAD SUITE 1001  
 CORAL GABLES FL 33134

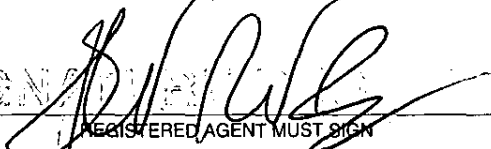
Name: Gloria Roa Bodin  
 Street Address (P.O. Box Number is Not Acceptable): 1529 NW South River Drive  
 Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33125

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE



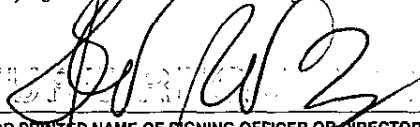
Date

10/16/03

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



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/03

Daytime Phone #

(305) 442 1322

CPRE040 (7/03)