

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P94000051871

1. Corporation Name  
**ALONSO PUBLISHING INC.**

Principal Place of Business: 20401 N.E. 30TH AVENUE #102 NORTH MIAMI BEACH FL 33180 US  
Mailing Address: 20401 N.E. 30TH AVENUE #102 NORTH MIAMI BEACH FL 33180 US



If above addresses are incorrect in any way, line through incorrect information and enter correction below:

2. New Principal Office Address, If Applicable: Suite, Apt. #, etc. P.O. Box 11824 Berkeley CA 94712  
3. New Mailing Office Address, If Applicable: Suite, Apt. #, etc. P.O. Box 11824 Berkeley CA 94712

4. Date Incorporated or Qualified To Do Business in Florida: 07/08/1994  
5. FEI Number: 65-0519368  
6. CERTIFICATE OF STATUS DESIRED  \$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
D	ALONSO, ENRIQUE I	20401 N.E. 30TH AVENUE, #102	NORTH MIAMI BEACH FL 33180

8. Name and Address of Current Registered Agent  
PENATE, TENSY  
20401 N.E. 30TH AVENUE #102  
NORTH MIAMI BEACH FL 33180

9. Name and Address of New Registered Agent  
Name: Tensy Alonso Rothman  
Street Address (P.O. Box Number is Not Acceptable): 13371 NW 12th Court  
Suite, Apt. #, Etc.:  
City: Sunrise  
State: FL Zip Code: 33323

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: Tensy Alonso Rothman  
Date: 4/5/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: April 5, 1999  
Telephone: 510-526-3111

CR2E040 (9/98)