

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED

98 AUG -4 AM 9:29

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **173470**

1. Corporation Name
THE AMERICAS PUBLISHING COMPANY

Principal Place of Business
**2900 NORTHWEST 39TH STREET
 MIAMI FL 33142**

Mailing Address
**2450 SW 137 AVENUE
 SUITE 221
 MIAMI FL 33175**



REINSTATEMENT

97-98
 ad.

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.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$0.75 Additional Fee required for a Certificate of Status	

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
PO	AGUIRRE, HORACIO	2900 N.W. 39TH ST.	MIAMI FL 33142
VST	AGUIRRE, FRANCISCO	2900 N.W. 39TH ST.	MIAMI FL 33142
ASD	AGUIRRE, ALEJANDRO J	2900 N.W. 39TH ST.	MIAMI FL 33142
			300002608543--8 -08/05/98--01109--009
			***900.00 ***900.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CABALLERO, MARCIA B ESQ. 2450 S.W. 137TH AVENUE, SUITE #221 MIAMI FL 33175		Name CABALLERO, MARCIA B. Street Address (P.O. Box Number is Not Acceptable) 2450 S.W. 137th AVENUE Suite, Apt. #, Etc. SUITE 221 City MIAMI, State FL Zip Code 33175	

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: *[Signature]* Date: 7/29/98

REGISTERED AGENT MUST SIGN

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]* HORACIO AGUIRRE, President

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E040 (8/97)