

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 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 316633

1. Corporation Name

CENTRAL AMERICAN PRINTING, INC.
2910 N.W. 39th STREET
MIAMI, FL 33142

Principal Place of Business

Mailing Address

2910 N.W. 39th STREET
MIAMI, FL 33142

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
c/o MARCIA B. CABALLERO, ESQ.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
2450 SW 137 Avenue, #221

City & State

City & State
Miami, FL

Zip

Country

Zip
33175

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/10/1967

5. FEI Number

591196507

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/P	SORIANO, INES R.	2910 N.W. 39th STREET	MIAMI, FL 33142
D/V/S/ T	DAGEN, CARMEN MARIA	2910 N.W. 39th STREET	MIAMI, FL 33142
			400002608584-1 -08/05/98-01109-018 ***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

MARTINEZ, ARIEL
8730 S.W. 86th COURT
MIAMI, FL 33143

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

7/29/98

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 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 taxes 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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Carmen Maria Dagen, Vice Pres. & Pres. 7-29-98
Sec.

CR2040 (1/98)