

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Morthem
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700218

1. Corporation Name

SPANISH PUBLICATIONS, INC.

Principal Place of Business

5389 HIGHWAY 20
DOUSMAN WI 53118

Mailing Address

5389 HIGHWAY 20
DOUSMAN WI 53118

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.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

P O Box 26672

Suite, Apt. #, etc.

City & State
Wauwatosa, WI

Zip

Country

53226-0672 USA

4. Date incorporated or
To Do Business in Florida

12/07/1959

5. FEI Number

59-6175128

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
W	WALKER, WILLIAM H., MRS.	5389 HIGHWAY 20	DOUSMAN WI 53118
YS	GABRIEL, WILHELM	2 NORTH JUNE LANE	HENDERSONVILLE NC 27534
D	ELLIOTT, PAUL	5718 Bent Creek Trail	Dallas, TX 75252
TD	LINCOLN, FRANK J	1830 RICHMOND DRIVE	RICHARDSON TX 75081-3908
D	ZEMAN, CHUCK	PO BOX 110 20A	ALSOA FL 32011
D	SHEDD, HUDSON	9300 Timbroke Rd	Miramar, FL 33025
D	SHEDD, HUDSON	1200 AURORA BLVD. #C227	BRADENTON FL
C	WALKER, STEPHEN	2300 N. MAHWAK RD. #1415	WAUKESHA, WI 53186
		20975 Swenson Dr, Ste 125	Waukesha, WI 53186

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHEDD, HUDSON REV 1200 AURORA BLVD., #C227 BRADENTON FL 34202	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code
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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 September 24, 1996

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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
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 included
on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Stephen G. Walker, Chairman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 24, 1996 800-777-7708

Date

Daytime Phone #