

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F05000006474

1. Corporation Name

CONEXION PUBLIC RELATIONS, INC

W08 - 7041

2. Principal Office Address - No P.O. Box #  
1111 BRICKELL AVENUE

3. Mailing Office Address  
1111 BRICKELL AVENUE

Suite, Apt. #, etc.  
11TH FL

Suite, Apt. #, etc.  
11 TH FL

City & State  
MIAMI, FLORIDA

City & State  
MIAMI, FLORIDA

Zip  
33131

Country  
USA

Zip  
33131

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 11/07/2005

5. FEI Number 83-0387274

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
~~MARTIN LORENS~~ Gabriela Alban

Street Address (P.O. Box Number is Not Acceptable)  
1111 BRICKELL AVENUE

Suite, Apt. #, Etc.  
11TH FL

City  
MIAMI, FLORIDA

State  
FL

Zip Code  
33131

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent *Gabriela Alban*

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CPST	GABRIELA ALBAN	1111 BRICKELL AVENUE	MIAMI, FLORIDA

10. 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 contained in Chapter 119, 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: *Gabriela Alban* GABRIELA ALBAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 MAR 17 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-08

CR2E081 (1/07)