## F990000004135

	THE EFFICK	
To: Qualification/Tax Lien Section Division of Corporations		
SUBJECT: Florida INST	TITUTE OF JOURNALISM, INC	
(Name of corn	poration - must include suffix)	
•		
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation" (Certificate of Existence", and check are submitted to transact business in Florida.	on for Authorization to Transact Business in Florida's ed to register the above referenced foreign corporation	
Please return all correspondence concerning this	matter to the following:	
William P.	The state of the s	
_ WITTHM RE	STREPO	
(Na	ime of Person)	
Florioa Ins	STREPO ume of Person)  HITUTE OF JOURNALISM, INC.	
(Fir	rm/Company)	
15220 NW 7	<i>"</i> 5†	
7	(Address)	
PEMBONKE-PI	WES Floring 22000	
	NES Florida 33028 ty/State/Zip)	
(C)	ty/State/Zip)	
Should you need to call someone concerning this	10002957781—3 -08/12/9901035003 ******87.50 ******87.50	
William RESTATION OF	10C 1112 CO20	
at (3	01 ) 463 30 11	
(Name of Person) at (305) 463 5077  (Area Code & Daytime Telephone Number)		
STREET ADDRESS:	MAILING ADDRESS:	
Qualification/Tax Lien Section	Qualification/Tax Lien Section SS S M	
Division of Corporations  Division of Corporations  Division of Corporations		
409 E. Gaines St. P.O. Box 6327		
Tallahassee, FL 32399	Tallahassee, FL 32314	
Enclosed is a check for the following amount:	STATE OPIDA STATE	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee &	\$78.75 Filing Fee & \$87.50 Filing Fee,	
Certificate of Status	Certified Copy Certificate of Status &	

Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1. Florida INSTITUTE OF JOURNALISM, INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. DELAWARE  (State or country under the law of which it is incorporated)  (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10-28-97 5. PERPETUAL  (Date of incorporation) 5. Duration: Year corp. will cease to exist or "perpetual")
6. UPON Qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
15220 NW 7th St PEMBROLE PINES FL 33028
(Current mailing address)
8. EDUCATION  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent. (P.O. Box of Moil Drop Box NOT and 11.19)
Name: William RESTREPO
Office Address: 15220 NW 7th St
Name: William RESTREPO  Office Address: IS220 NW 7th St  PEMBROKE PINES, Florida, 33028  (Zin code)
(Zip code)
10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
(Registered agent's signature)
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

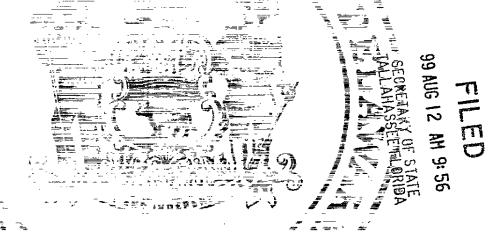
A. DIRECTORS (Street address only - P.O. Box NOT acceptable)		
Chairman: WILLIAM RESTREPO		
Address: 15220 NW 7+457.		
PEMBROKE PINES FLORIDA	33028	
Vice Chairman:		
Address:		<u> </u>
Director: MARIA ELENA LONDONO	·	
Address: 15220 NW 77457		
PEMBROKE PINES FLORIDA	33028	<u>.</u>
Director:		
Address:		
		7 S.
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	<u>-</u>	CAR IS
President: WILLAM RESTILENS		AA N F
President: William RESTREPS Address: 15220 NW 77457		邢 王 占
PEMBROKE PINES PLONIDA	33028	FL817 9:5
Vice President:		TE 6
Address:	<u> </u>	
ecretary: MANIA ELENA LONDONO		
V /	* -	
Address: 15220 NW 7th ST PEMBROKE PINES PLONIBA	33028	·
reasurer:		<del></del>
ddress:		· · · · · · · · · · · · · · · · · · ·
	-	
IOTE: If necessary, you may attach an addendum to the application listing add	litional officers and/or dis-	
3. Let Letter	racial officers sind/of dir	cciois.
(Signature of Chairman, Vice Chairman, or any officer listed in	number 12 of the applica	tion)
4. WILLIAM RESTREPO -		<u> </u>
(Typed or printed name and capacity of person	n signing application)	-

## State of Delaware

## Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FLORIDA INSTITUTE OF JOURNALISM, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR-AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF JULY, A.D. 1999.



Edward J. Freel, Secretary of State

**AUTHENTICATION:** 

2813596 8300

DATE: 9885450

991302999

07-26-99