## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	IPORATI STATEM			) :	Secretar	TMENT OF S ry of State corporations	STATE		APP	ANGEL STATE			
DOCUMENT # K20273								04 OCT 27 PM 2: 43					
1. Comporation Name AILEC PUBLISHING INCORPORATED								O.	r" OC 1	21			
AILEC	OBLISH	NG IN	CORPORAT	FD						ETATY OF STATE	<u>'</u> Δ		
2300 Coral Way 2300 Coral Way								einst	河路	alle ni	01-0	4	
2. Principal Office Address 3. Mailing 2300 Coral Way 2300 Co					g Office Address oral Way			90: 10/27/	040 040	1034003 **	:5 *600.00	4.4.	
Suite, Apt. #, etc. Suite, Apt. #,						etc.						<u> </u>	
Suite 201 Equite 201									4. Date Incorporated or Qualified To Do Business in Florida 04/01/98				
City & State				City & State						04/01/96	TT:	4	
Miami, FL				Miami, Fl	Miami, FL			5. FEI Number Applied For 65-0064779 Not Applicable					
Zip 33145	Country USA		<sup>Zip</sup> 33145				6. CERTIFICATE OF STATUS DESIRED			dditional Fee requi Certificate of Statu	ired		
7. Name and Address of Current Registered Agent												_	
	Name FLORIDA ANNUAL REPORT SERVICES, INC.  Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY  Suite, Apt. #, Etc. SUITE 200  City  State Zip Code												
	МІАМІ								FL	33145			
8. I, being	appointed the	register	ed agent of the ab	ove named corp	oration, am	familiar with and a	ccept the ob	ligations of section	on 607.050	05 or 617.0503, F.S.		01/04	
Signature of Registered Agent								Date					
			F	REGISTERED AG	BENT MUS	T SIGN ·						_ g	
9. Names	and Street A	dresses	of Each Officer ar	nd/or Director (Fl	orida nonpr	ofit corporations m	ust list at lea	st 3 directors)					
Titles	Name of Officers and/or Directors			5	Street Address of Ea Officer and/or Direc								
PD	BRAULIO A. GARCIA				2300 CORAL WAY SUITE			201 MIAMI, FL 33145					
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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 comporate 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:  10/21/04 (305) 854-1040													
	/si	GNATUR	E AND TYPED OR P	RINTED NAME OF	SIGNING OF	FFICER OR DIRECTO	IR		Date	Daytime I	Phone #	1	

## Ailec Publishing Incorporated 2300 Coral Way Miami, Fl 33145

October 25, 2004

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Florida 32314
Attention: Sean Toner

Re: Ailec Publishing Incorporated

Dear Mr. Toner:

Please accept this letter as confirmation that the notification of renewal for the above mentioned corporation was never received in 2001. I am attaching a check in the amount of \$600.00 as payment for reinstatement.

Please contact me at (305) 854-1040 if you have any questions.

Williams

Thank you for your consideration.

MARIAN

Assistant

Sincerely,