

# REINSTATEMENT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>0000000015795</b>		<b>FILED</b>	
<b>DOCUMENT # L00000015795</b>		<b>03 OCT 14 AM 8:00</b>	
<b>1. Limited Liability Company's Name</b>		<b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>	
<b>Santander Publishing, LLC</b>			
<b>2. Principal Office Address</b>	<b>3. Mailing Office Address</b>	<b>4. State/Country of Formation</b>	
<b>420 Lincoln Rd</b>		<b>Florida / USA</b>	
<b>Suite, Apt. #, etc.</b>	<b>Suite, Apt. #, etc.</b>	<b>5. Date Organized or Qualified To Do Business in Florida</b>	
<b>Ste. 600</b>		<b>12/20/2000</b>	
<b>City &amp; State</b>	<b>City &amp; State</b>	<b>6. FEI Number</b>	
<b>Miami Beach FL</b>	<b>SAKE</b>	<b>943385105</b>	
<b>Zip</b>	<b>Country</b>	<b>Applied For</b>	
<b>33139</b>	<b>USA</b>	<b>Not Applicable</b>	
		<b>7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></b>	
		<b>\$5.00 Additional Fee required for a Certificate of Status</b>	

<b>8. Name and Address of Current Registered Agent</b>	
<b>Name</b>	
<b>Flavio Santander</b>	
<b>Street Address (P.O. Box Number is Not Acceptable)</b>	
<b>420 Lincoln Rd</b>	
<b>Suite, Apt. #, Etc.</b>	
<b>Ste. 600</b>	
<b>City</b>	<b>State Zip Code</b>
<b>Miami Beach</b>	<b>FL 33139</b>

**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.**

**Signature of Registered Agent**

**REGISTERED AGENT MUST SIGN**

**Date** **10/10/03**

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Flavio Santander	420 Lincoln Rd, Ste 600	Miami Beach, FL 33139

**11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager**

**Date** **10/10/03**

**Daytime Phone #** **305-538-3346**

**Typed or printed name of signing Managing Member/Manager** **FLAVIO SANTANDER**

CR2E041 (10/02)