

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L41312**

1. Corporation Name

**PUBLICATIONS EXCHANGE, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 OCT 19 AM 10:08

Principal Place of Business

Mailing Address

8306 MILLS DRIVE  
SUITE 241  
MIAMI FL 33183-4847

8306 MILLS DRIVE  
SUITE 241  
MIAMI FL 33183-4847

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 02

4. Date Incorporated or Qualified  
To Do Business in Florida

01/05/1990

5. FEI Number

65-0192446

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PVS	HERNANDEZ, JOSEFINA E.	13351 SW 102ND ST	MIAMI FL
T	HERNANDEZ, JOSEFINA E.	12201 SW 132 CT., 1ST FL	MIAMI FL

400003446754--4  
-11/01/00-01045-006  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HERNANDEZ, JOSEFINA  
12232 SW 132ND CT.  
MIAMI FL 33186

Name

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

12305 SW 133 Court  
Suite, Apt. #, Etc.

City

State

Zip Code

Miami

FL

33186

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/16/00

11. 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 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:

SIGNATURE AND LINED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/00 305 259-4747  
Date Daytime Phone #