

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV 13 PM 12:29

DOCUMENT # N04000005734

1. Corporation Name

LA VOZ DEL ESCAMBRAY, INC.

2. Principal Office Address

11051 SW 200ST.

Suite, Apt. #, etc.

207

City & State

MIAMI, FL.

Zip

33157

Country

DADE

3. Mailing Office Address

11051 SW 200ST.

Suite, Apt. #, etc.

207

City & State

MIAMI, FL.

Zip

33157

Country

DADE

REINSTATEMENT

05-06

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida 6/8/04

5. FEI Number

NONE

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

LUIS CEPERO

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

11051 SW 200ST.

Suite, Apt. #, Etc.

207

City

MIAMI

State

FL

Zip Code

33157

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

*Luis Cepero*

Date

11/06/06

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
P	LUIS CEPERO	11051 SW 200ST.#207	MIAMI, FL. 33157
VP	RAFAEL R. BARRETO	15365 SW 296 ST.	MIAMI, FL. 33033
T	JULIO CEPERO	11051 SW 200ST.#207	MIAMI, FL. 33157

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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 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: *Luis Cepero*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS CEPERO

11/08/06

Date

305-710-8418

Daytime Phone #