

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL -6 AM 9:58

DOCUMENT # **N48890**

1. Corporation Name

Terra Encusito Publishing Corporation

2. Principal Office Address

625 NE 1st St

Suite, Apt. #, etc.

#1

City & State

Gainesville

Zip

FL

Country

U.S.

3. Mailing Office Address

same

Suite, Apt. #, etc.

same

City & State

same

Zip

same

Country

same

REINSTATEMENT

00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

5-15-92

5. FEI Number

59-313276

App. **SP** or

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

Colin Whitworth

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

1024 NW 13th Ave.

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32601

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **6-11-01**

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
PO	Colin Whitworth	1024 NW 13 th Ave	Gainesville, FL 32601
VO	Kristina Jackson	1024 NW 13 th Ave.	Gainesville, FL 32601
D	Jim Rodriguez	702 NW 22 nd Ave	Gainesville, FL 32609

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 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]

Colin Whitworth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-11-01

Date

352-377-5374

Daytime Phone #

CR2E081 (9/00)