

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP 19 AM 8:00

DOCUMENT # P00000039333

1. Corporation Name

Centauro Publishing, Inc.

2. Principal Office Address

7230 N.W. 48th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33166

Country

USA

3. Mailing Office Address

7230 N.W. 48th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33166

Country

USA

700023265397  
09/29/03--01001--030 \*\*300.00

**REINSTATEMENT** 02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

04/19/00

5. FEI Number

65-1018771

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

Gustavo N. Roa

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

7230 N.W. 48th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33166

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

*Gustavo Nieto Roa*

Date 09/16/03

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
D	Roa, Gustavo N	5890 Southwest 132nd Terrace	Miami, FL 33156
D	Rodriguez, Laura	7230 N.W. 48th Street	Miami, FL 33166

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:

*Laura Rodriguez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

09/16/03

Daytime Phone #

(305) 436-1159

CR2E081 (1/02)