

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY -1 AM 5:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000039300

1. Corporation Name

The Newhouse Corporation of America

2. Principal Office Address

1152 SW 23 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33135

Country

USA

3. Mailing Office Address

1152 SW 23 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33135

Country

USA

REINSTATEMENT 02-03

300017914973
05/02/03--01111--005 **908.75

4. Date Incorporated or Qualified
To Do Business in Florida

4/18/2001

5. FEI Number

54-2086615

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

Cesar R. Camacho

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

240 East Flagler Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33131

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]

Date 4/29/2003

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
DP	Ricardo L. Casanueva, Sr.	1152 SW 23 Avenue	Miami, Florida 33135
S	Ricardo L. Casanueva, Jr.	1152 SW 23 Avenue	Miami, Florida 33135

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ricardo L. Casanueva, Jr. Secy. 4/29/2003 786-255-5902

Date

Daytime Phone #

CR2E081 (10/02)