

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

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

FILED

03 OCT 21 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# **P01000042271**

1. Corporation Name

PROMUS ADVERTISING, CORP.

2. Principal Office Address

4141 NE 2nd AVE

Suite, Apt. #, etc.

105F

City & State

MIAMI, FL

Zip

Country

33137

3. Mailing Office Address

4141 NE 2nd AVE

Suite, Apt. #, etc.

105F

City & State

MIAMI, FL

Zip

Country

33137

500023992805
10/21/03--01146--009 **300.00
REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

04/26/2001

5. FEI Number

99-3396305

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

GAMA, MARCELO

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

4141 NE 2nd AVE

Suite, Apt. #, Etc.

105F

City

MIAMI

State

FL

Zip Code

33137

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

Date

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
PTD	GAMA, MARCELO	4141 NE 2nd AVE	MIAMI, FL 33137
VSD	NEVES, GEORGE A	4141 NE 2nd AVE	MIAMI, FL 33137

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 1 19.07(3)(1), 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

Date

Daytime Phone #

10/16/03 205-5731112

FLORIDA DEPARTMENT OF STATE
Division of Corporation
2003 Uniform Business Report (UBR)
P.O. BOX 6327
Tallahassee, FL 32314

Re: *Filing of Uniform Business Report 2003*

P01000042271

PROMUS ADVERTISING, CORP.

To Whom It May Concern:

This letter is to inform you that we have never received a Uniform Business Report form by the mail, for this reason my company became inactive.

We would like to request you that you forgive all extra fees and penalties other than the primary of \$150.00 per year and accept the filling of our attached Corporation Reinstatement Form, which has been prepared by our accountant.

Any questions or concern, feel free to contact our accountant at (954) 782-4000 and speak to Mr. Carlos Gomes.

Sincerely,



MARCELO GAMA - PRESIDENT
PROMUS ADVERTISING, CORP.