

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

03 AUG 28 AM 8:00

DOCUMENT #

1. Corporation Name

Marketing Hispanics, Inc.

2. Principal Office Address

2451 Brickell Ave.

Suite, Apt. #, etc.

11M

City & State

Miami, FL

Zip

33129

Country

U. S.

3. Mailing Office Address

2451 Brickell Ave.

Suite, Apt. #, etc.

11M

City & State

Miami, FL

Zip

33129

Country

U.S.

**REINSTATEMENT** 02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

Sep. 10, 2001

5. FEI Number

65-1122129

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

Juan G. Gonzalez

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

2451 Brickell Ave.

Suite, Apt. #, Etc.

11M

City

Miami

State  
FL

Zip Code  
33129

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

REGISTERED AGENT MUST SIGN

Date

08/26/03

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	Juan G. Gonzalez	2451 Brickell Ave. 11M	Miami, FL 33129
V	Nilsa Toledo C.	145 Pascak Road	Washington Township, NJ 07676
S	Jennine Cabanellas	2451 Brickell Ave.	Miami, FL 33129

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:

Juan G. Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

08/26/03 (305) 888 0607

Daytime Phone #

CR2E081 (10/02)