

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000085244

1. Corporation Name

ASUNCION COMUNICACIONES, INC.

04 APR 22 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-04

2. Principal Office Address 25 SE 2 AVE		3. Mailing Office Address 25 SE 2 AVE	
Suite, Apt. #, etc. 410		Suite, Apt. #, etc. 410	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33131	Country	Zip 33131	Country
4. Date Incorporated or Qualified To Do Business in Florida. <b>AUG. 28, 2001</b>			
5. FEI Number <b>753060118</b>			Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			

7. Name and Address of Current Registered Agent

Name  
JOSE M VEGA

Street Address (P.O. Box Number is Not Acceptable)  
25 SE 2 AVE

**1000033540231**  
04/22/04--01023--025 \*\*1051.00

Suite, Apt. #, Etc.  
410

City  
MIAMI

State  
**FL** Zip Code  
33131

Date

**4/19/04**

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

CR2E081 (01/04)

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
PSD	CERVERA, RODRIGO CAMPOS	25 SE 2 AVE# 410	MIAMI, FL 33131

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

**4/19/04 (at) 539-9050**  
Daytime Phone #

**RODRIGO CAMPOS CERVERA**