

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 APR 22 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000085244**

**1. Corporation Name**

ASUNCION COMUNICACIONES, INC.

**2. Principal Office Address**

25 SE 2 AVE

Suite, Apt. #, etc.

410

City & State

MIAMI, FL.

Zip

33131

Country

**3. Mailing Office Address**

25 SE 2 AVE

Suite, Apt. #, etc.

410

City & State

MIAMI, FL.

Zip

33131

Country

**4. Date Incorporated or Qualified**

To Do Business in Florida AUG. 28, 2001

**5. FEI Number**

753060118

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

JOSE M VEGA

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

25 SE 2 AVE

Suite, Apt. #, Etc.

410

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

REGISTERED AGENT MUST SIGN

Date

4/19/04

**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

Date

4/19/04 (30) 539-9050

Daytime Phone #

RODRIGO CAMPOS CERVERA

CR2E081 (01/04)