

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

172

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 NOV -9 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000072616

1. Corporation Name

NOSOTROS NEWS INC.

2. Principal Office Address

143 SW 9th St

Suite, Apt. #, etc.

307

City & State

MIAMI FL

Zip

33130

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

043701109

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

10/05/06 01025 025-300.00

CR2E081 (12/05)

**7. Name and Address of Current Registered Agent**

Name

CLAUDIO MARTINEZ

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

143 SW 9TH STREET

Suite, Apt. #, Etc.

307

City

MIAMI

State

FL

Zip Code

33130

REINSTATEMENT

05-04

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

(Signature)

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
PD	CLAUDIO MARTINEZ	143 SW 9TH STREET	MIAMI, FLORIDA 33130

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 contained in Chapter 119, 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)

CLAUDIO MARTINEZ

Date

10/05/06

Daytime Phone #

2/2

## **NOSOTROS NEWS, INC.**

143 SW 9<sup>th</sup> Street Suite 307  
Miami, Florida 33130  
Telephone: 305-724-7646

Department of State Division  
Of Corporations  
Corporate filings  
P. O. BOX 6327  
TALLAHASSEE, FLORIDA 32314  
Attention: MICHELLE MILLIGAN

November 2, 2006

Re: Reinstatement

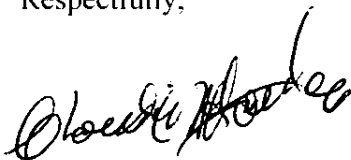
Please be advised that we have sent application for reinstatement. We have made changed to the corporation i.e. the new board of director.

We have paid the sum of \$300.00 which you have retained and deposit in your account.

We also request that I waiver be granted for the penalty. We did not receive the annual reports *for 2005*.

Please note the new address.

Respectfully,



CLAUDIO MARTINEZ  
President