

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 14 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000108361**

1. Corporation Name

AUDIO LIBROS, INC.

Principal Place of Business

3725 S OCEAN DR #621
HOLLYWOOD FL 33019

Mailing Address

3725 S OCEAN DR #621
HOLLYWOOD FL 33019

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/08/2002

5. FEI Number

16-1632160

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPS	ALFONSO, BERTA C	3725 S OCEAN DR #621	HOLLYWOOD FL 33019
DV	COLES, ANNA D	3725 S OCEAN DR #621	HOLLYWOOD FL 33019
DT	FRANCISCO, ALICIA C	3725 S OCEAN DR #621	HOLLYWOOD FL 33019

8. Name and Address of Current Registered Agent

ALFONSO, BERTA C
3725 S OCEAN DR #621
HOLLYWOOD FL 33019

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Berta C. Alfonso
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

Oct. 10/2003

11. 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:

Berta C. Alfonso
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct. 10/03

Daytime Phone #

954-1150-8052

CR20040 (7/03)

Florida Department of State
Glenda E. Hood
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

October 10, 2003

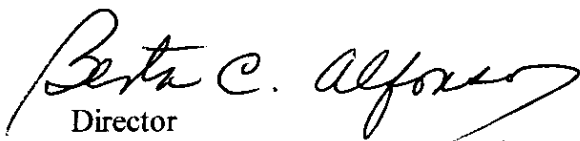
Gentlemen:

We did not receive the two prior uniform business report (UBR) notices. Please accept the fee of \$150.00 for a for-profit corporation.

I received this notice yesterday, Oct. 9, 2003 and I am sending to you priority mail.

Thank you very much.

Sincerely,


Director