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
06 JUL 12 PM 3:15

DOCUMENT # P03000049603

1. Corporation Name

Hispanic Yellow Pages International, Inc.

500007662445
07/18/06--01032--006 **1050.00

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
5425 Golden Gate Pkwy	5425 Golden Gate Pkwy
Suite, Apt. #, etc.: #3	Suite, Apt. #, etc.: #3
City & State: Naples FL	City & State: Naples FL
Zip: 34116 Country: US	Zip: 34116 Country: US

4. Date Incorporated or Qualified To Do Business In Florida: 05/05/2003

5. FEI Number: 84-1620536 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: JEROME VANHOOK II

Street Address (P.O. Box Number Not Acceptable): 5425 Golden Gate Pkwy

Suite, Apt. #, Etc.: #3

City: Naples State: FL Zip Code: 34116

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: Jerome VanHook Date: 7-8-06

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
P/S	JEROME VAN HOOK II	5425 Golden Gate Pkwy #3	Naples FL 34116

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: Jerome VanHook 7-8-06 239-275-7766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #