

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000116872

1. Corporation Name

BETA PERIODICALS, INC.

2. Principal Office Address - No P.O. Box #

2370 N FEDERAL HWY

Suite, Apt #, etc

#200

City & State

FT LAUDERDALE

Zip

FL

Country

33305

3. Mailing Office Address

2370 N FEDERAL HWY

Suite, Apt #, etc

#200

City & State

FT LAUDERDALE

Zip

FL

Country

33305

4. Date Incorporated or Qualified

To Do Business in Florida 10/21/2003

5. FEI Number

76-0745092

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

TAX HOUSE

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

1100 S FEDERAL HWY

Suite, Apt. #, Etc

2nd FLOOR

City

DEERFIELD BEACH

State

FL

Zip Code

33441

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 12/17/2009

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
PRES	CAMPAGNOLI, SONIA	PRACA DA LIBERDADE #130 CJ 1104	LIBERDADE, SAO PAULO SP 01503-010 BR
SEC	MOUNSSEF, BASSIM	PRACA DA LIBERDADE #130 CJ 1104	LIBERDADE, SAO PAULO SP 01503-010 BR

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

Sonia Campagnoli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/17/09

Daytime Phone #

FILED

09 DEC 21 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900163827249  
12/21/09--01045--009 \*\*300.00

CR2E081 (11/09)

08-09

12/22/09