

# 2006 FOR-PROFIT CORPORATION REINSTATEMENT

FILED


06 APR -7 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

05-06

DOCUMENT # P04000023478			
1. Entity Name PERIODICO EL DOMINICANO, INC.			
Principal Place of Business 3501 W VINE ST STE 336 KISSIMMEE, FL 34741		Mailing Address 3501 W VINE ST STE 336 KISSIMMEE, FL 34741	
2. Principal Place of Business 5950 LAKEHURST DRIVE		3. Mailing Address 5950 LAKEHURST DRIVE	
Suite, Apt. #, etc. SUITE 187		Suite, Apt. #, etc. SUITE 187	
City & State ORLANDO, FLORIDA		City & State ORLANDO, FLORIDA	
Zip 32819	Country	Zip 32819	Country
4. FEI Number 20-0743941		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALDEZ, LUIS R 3501 W VINE ST STE 336 KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent Name VALDEZ, LUIS R. Street Address (P.O. Box Number is Not Acceptable) 5950 LAKEHURST DRIVE, SUITE 187 City ORLANDO FL Zip Code 32819	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Luis Ramos Valdez</u> DATE <u>01-11-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VALDEZ, LUIS R 3501 W VINE ST STE 336 KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VALDEZ, LUIS R. 5950 LAKEHURST DR, SUITE 187 ORLANDO, FL 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Luis Ramos Valdez</u>		DATE: <u>01-11-06</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	