2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT						05	/ ~		
DOCUMENT # P0400060014 1. Entity Name SOUTH DADE PUBLISHING AND PRODUCTION INC.					r _{Al}	LAMASSINIA	ED AN 11:28 TORION		
Principal Place of Business Mailing Address						$^{\circ\zeta\zeta,_{\mathcal{F}}}$	7 OF 52		
2036 N.E. 8 ST		PO BOX 924018			and desire products		ORINE		
HOMESTEAD, FL 33033		HOMESTEAD BRANCH, FL 33032			1		104		
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2. Principal Place of Business		3. Mailing Address					 	BJANESI II IBBI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			—- — 11292005	REIN-P	CR2E098 (6/04	ı)	
City & State		City & State		4. FEI Numb	•		Applied For		
only a state		Ony & Glaic			4	٠.	jan [Not Applicable	
Zip	Country Zip Cou		Coun	ntry	E Cortificato	of Status Desired	□ \$8.75 Å	dditional	
				.,	Fee Required				
6. Name and Address of Current Registered Agent						Address of New R	egistered Agent		
GONZALEZ, IVELICE				Name					
	153 COURT			Street Address (P.O. Box Number is Not Acceptable)					
HOMESTEAD, FL 33032									
								-	
				City	City FL Zip Code				
The shows parried antity submits this statement for the purpose of changing its registered of					registered agent, or bo	th, in the State of Fig		th and accept	
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.									
Aprelia 01/1 13-6/20									
SIGNATURE Signature, typod or printed name of registered agent and file if appringation. (NOTE: Registered Agent signature required when reinstalling)									
	E NOW!!! FEE IS \$150.00						with s. 607.193(2)(b		
After January 1, 2006, Fee will be \$300.00						corporation did	not receive the prio	r notice.	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECTO	AS IN 11	
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NAME	GONZALEZ, YVELICE		NAM		12/14	4/05-01047		50.00	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.									
- 3.900	11	000-1	2			_ m	a 6 . *	_	
SIGNATURE: Julie Sorgale 12-8-2005									
		RINTED NAME OF SIGNING OFFICER	OR MAEC	TOR	(Date	Daytima Phone	. #	