

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 OCT 24 PM 2:37

FILED BY STATE
TALLAHASSEE, FLORIDA

10-27-08

400137250784
10/24/08--01026--004 **200.00

REINSTATEMENT 08

DOCUMENT # 707000095030

1. Corporation Name

Que Pasa Communications Corporation

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

9300 SW 46th Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

9300 SW 46th Terrace

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33165

Country

USA

Zip

33165

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 09/04/2008

5. FEI Number
260871602

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

Barbara Ann Martin

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

9300 SW 46th Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

☒ 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.

\$200.00 check enclosed

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

Barbara Ann Martin

REGISTERED AGENT MUST SIGN

Date 10/20/08

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.	Barbara Ann Martin	9300 SW 46th Terrace,	Miami, FL 33165
VP	Chelsea E. Cordle	9300 SW 46th Terrace,	Miami, FL 33165

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/08

Daytime Phone #