

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000032898

1. Corporation Name:

ALTO-MARC COMMUNICATIONS OF FLORIDA, INC.

Principal Place of Business
5012 SW 102nd AVENUE
MIAMI, FL 33165

Mailing Address
c/o JOHNSON & SLATON, LLP
6399 WILSHIRE BOULEVARD
SUITE 605
LOS ANGELES, CA 90048

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
SAME AS ABOVE

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable
SAME AS ABOVE

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL 28, 1994

5. FEI Number

65-0497326

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒
2 CERTIFICATES

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES	FRANK MERCADO-VALDES	5012 SW 102nd AVENUE	MIAMI, FL 33165
VP	JUAN CARLOS TABIO	5012 SW 102nd AVENUE	MIAMI, FL 33165
SEC	DEBRA L. JOHNSON	6399 WILSHIRE BOULEVARD SUITE 605	LOS ANGELES, CA 90048

REINSTATEMENT

97-98
000002568590--0
-06/23/98-01003-003
****917.50 ****917.50

8. Name and Address of Current Registered Agent

LEONARDO STARKE, ESQ.
3340 MCDONALD STREET
MIAMI, FL 33165

9. Name and Address of New Registered Agent

Name
LOUIS TABIO
Street Address (P.O. Box Number is Not Acceptable)
5012 SW 102nd AVENUE
Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33165

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Debra L. Johnson

REGISTERED AGENT MUST SIGN

Date 6.5.98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

Debra L. Johnson

DEBRA L. JOHNSON, SECTY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/98 (213) 658-9009

Date Daytime Phone #