PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State **DIVISION OF CORPORATIONS**

P94000051470 DOCUMENT

1. Corporation Name

MULTIMEDIA PUBLISHERS, INTERNATIONAL, INC.

FILED

02 NOV 25 PM 2: 52

SECRETARY OF STATE TALLAHARSEE FLORIDA

Principal E	Place of Pusinger	tailian Add							
Principal Place of Business Mailing Add			ress		1 (100)	IS (B) (C G) SI (C G)	1 8 8 (E) 8)	SI SIBIL BEBU IDDEK BOLI 1881	
			13040 S.W. 120TH ST.						
MIAMI FL 33186 MIAMI FL		MIAMI FL 33	3186						
j.					DEMISTATEMENT DZ				
If above addresses are incorrect in any way, line through incorrect information and enter correction below.						9 % H = 11 amice c			
		ling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 07/07/1994					
Suite, Apt. #, etc. Suite, Ap		Suite, Apt. #,	#, etc.		5. FEI Number Applied For				
City & State		City & State	City & State			65-0510958 Not Applicable			
Zip Country Zip		Zip	Country		6.		\$8.7	5 Additional Fee required	
		- J			CERTIFICATE OF STATUS DESIRED - 58.75 Additional Fee required for a Certificate of Status				
7. Names	and Street Addresses of Each Officer and	or Director (Flo	rida nonprofit corpora	ations must list at lea	ist 3 directors)				
	Name of Officers		eet Address of Each						
Title(s)	2 and/or Directors 3		3 Of	Officer and/or Director		City / State / Zip			
PD	IZARRA, RICHARD		13142 SW 107 T	ERRACE	MIAMI FL 32186				
VSD	ROKO IZARRA		401 OCEAN DR., #309			MIAMI BCH FL			
					455	12 01032 6	03 -)	24B.75	
			200008693292 10/30/0201032003 **88.75						
· · ·				200008693292 11725/02-01045-003 **661.25				92 ** ^{661.25}	
Name and Address of Current Registered Agent					O Name and A	ddroon of Nove Doub			
Name					9. Name and Address of New Registered Agent				
IZARRA, RICHARD									
13142 SW 107 TERRACE				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33186				-Suite, Apt. #, Etc.					
	•			City			State FL	Zip Code	
	appointed the registered agent of the abo	ve named corpo	oration, am familiar wi	th and accept the ob	ligations of Section	on 607.0505, F.S. or 6		, F.S.	
Signature o Registered	Agent	GISTERED AC	ENT MUST SIGN			Date/O	/2)	105	
11 00#6				u. !					
ii. i centry	that I am an officer or director or the recei-	ver or trustee em	powered to execute	this application as pi	ovided for in chap	pter 607 or 617, F.S. I	further o	ertify 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

SIGNATURE:

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.