

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 # **P94000051871**

1. Corporation Name

**ALONSO PUBLISHING INC.**

Principal Place of Business

20401 N.E. 30TH AVENUE  
#102  
NORTH MIAMI BEACH FL 33180  
US

Mailing Address

20401 N.E. 30TH AVENUE  
#102  
NORTH MIAMI BEACH FL 33180  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

P.O. Box 11824

City & State

Berkeley CA

Zip

94712

Country

Suite, Apt. #, etc.

P.O. Box 11824

City & State

Berkeley CA

Zip

94712

Country



**REINSTATEMENT**

AP. 99

4. Date Incorporated or Qualified To Do Business in Florida

07/08/1994

5. FEI Number

65-0519368

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

☒ \$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)

1	2	3	4
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
D	ALONSO, ENRIQUE I	20401 N.E. 30TH AVENUE, #102	NORTH MIAMI BEACH FL 33180

810002880228--0  
-05/19/99--01051--024  
\*\*\*\*908.75 \*\*\*\*908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PENATE, TENSY

20401 N.E. 30TH AVENUE  
#102

NORTH MIAMI BEACH FL 33180

Name

Tensy Alonso Rothman

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

13371 NW 12th Court

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33323

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

Tensy Alonso Rothman

REGISTERED AGENT MUST SIGN

Date

4/5/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 5, 1999 510-526-3111

CR2E040 (9/98)