

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

98 JUN -8 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000055612

1. Corporation Name

FDC PUBLISHING CORPORATION

Principal Place of Business

Mailing Address

939 CRANDON BOULEVARD
KEY BISCAVNE FLORIDA 33149

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 97-98

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/1994

5. FEI Number

65-0509191

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)

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
P	FELIPE DIEZ-CANEDO	939 CRANDON BLVD	KEY BISCAVNE, FL 33149
V	FEDERICO VIRGILI	2901 DAY AVENUE	MIAMI, FL 33133
V	MARLA NORMAN	1 ALHAMBRA CIRCLE #603	CORAL GABLES, FL 33134

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-06/11/98--01085--006
***900.00 ***900.00

8/6/10

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

FELIPE DIEZ-CANEDO

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

939 CRANDON BLVD

Suite, Apt. #, Etc.

City

KEY BISCAVNE

State

FL

Zip Code

33149

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

REGISTERED AGENT MUST SIGN

Date 06/04/98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FELIPE DIEZ-CANEDO

06/04/98

(305) 361 0053

Date

Daytime Phone #

CR2E040 (1/98)