

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN -8 AM 8:00

DOCUMENT # P94000066342

1. Corporation Name

ARCHIPELAGO PUBLICATIONS, INC.

REINSTATEMENT

03-04
MRS

Principal Place of Business

Mailing Address

9010 SW 137 AVE. Suite 248
MIAMI FL 33186
US

9010 SW 137 AVE. Suite 248
MIAMI FL 33186
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

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0538241

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ALLEYNE-NAGEE, JERRY M	17168 SW 144TH COURT 9010 S.W. 137th Ave #248	MIAMI FL 33177 mi FL 33186
VCFO	DECOTEAU, ALWYN	9010 SW 137TH AVE. Suite 248	MIAMI FL 33186
VPS	DECOTEAU, COLLIS	9010 SW 137TH AVE. Suite 248	MIAMI FL 33186
			900035762709 05/07/04 01073 001 **150.00
			900035762709 06/08/04--01016--002 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALLEYNE-NAGEE, JERRY
17168 S.W. 144TH COURT
MIAMI FL 33177

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

Jerry Alayne Nagee
REGISTERED AGENT MUST SIGN

Date 3/24/04

11. 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:

Jerry Alayne Nagee JERRY ALAYNE-NAGEE President 3/24/04

Date

Daytime Phone #

305-505-5573

305-388-7440