

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 NOV 12 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000045710**

1. Corporation Name

QUANTURO PUBLISHING, INC.

Principal Place of Business

800 BRICKELL AVE.
SUITE 1100
MIAMI FL 33131
US

Mailing Address

800 BRICKELL AVE.
SUITE 1100
MIAMI FL 33131
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02

Date Incorporated or Qualified
To Do Business in Florida

05/30/1996

5. FEI Number

65-0755242

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$0.75 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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	JACKSON, ESTHER	800 BRICKELL AVE, SUITE 1100	MIAMI FL 33131
D	PESATURO, PHYLLIS	800 BRICKELL AVENUE, SUITE 1100	MIAMI FL 33131
T	PESATURO, ARTHUR	800 BRICKELL AVENUE, SUITE 1100	MIAMI FL 33131

500008575035
10/24/02--01093--018 **750.00

8. Name and Address of Current Registered Agent

CORPORATE ACCESS, INC.
236 E. 6TH AVENUE
TALLAHASSEE FL 32303

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Phyllis Pesaturo
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/12/02

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:

Phyllis Pesaturo
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/02
Date

305-5753700
Daytime Phone #

CR2E040 (8/02)