

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 # P97000017052

1. Corporation Name

COMMUNICATIONS MANIA ADVERTISEMENT AND PROMOTIONS, INC.

Principal Place of Business

1140 N.E. 163RD STREET #1
N. MIAMI BEACH FL 33162

Mailing Address

1140 N.E. 163RD STREET #1
N. MIAMI BEACH FL 33162

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

2. New Principal Office Address, if applicable

16300 N.E. 19th Ave
Suite, Apt. #, etc.
#221

3. New Mailing Office Address, if applicable

P.O. Box 621235
Suite, Apt. #, etc.

City & State

North Miami Bch, FL

Zip

33162

Country

USA

City & State

Miami FL

Zip

33152

Country

USA.

4. Date Incorporated or Qualified
To Do Business in Florida

02/24/1997

5. FEI Number

598439825

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
1	2	3	4
PD	HERRERA, ADALBERTO	1140 N.E. 163RD STREET #1	N. MIAMI BEACH FL 33162
VD	HERRERA, JACQUELINE	1140 N.E. 163RD STREET #1	N. MIAMI BEACH FL 33162

8. Name and Address of Current Registered Agent

KEIL, DANIEL M ESQ
3165 WEST 4TH AVENUE
HALEAH FL

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.

Signature of
Registered Agent

Daniel Keil

REGISTERED AGENT MUST SIGN

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:

Heather

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99

(305)

949-2525