

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 16 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

224 800 307 846

DOCUMENT # P98000007473

1. Corporation Name

BATISTA ADVERTISING GROUP, INC.

2. Principal Office Address

1420 SW 124 place

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33184

Country

USA

3. Mailing Office Address

1420 SW 124 place

Suite, Apt. #, etc.

City & State

MIAMI, FL 3

Zip

33184

Country

USA

800030586278

03/16/04--01111--002 **150.00

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

1-23-98

5. FEI Number

65-0808084

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAVIER BATISTA

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

1420 SW 124 place

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33184

800030586278

03/16/04--01111--003 **750.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

J. Batista

REGISTERED AGENT MUST SIGN

Date

02/23/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.	JAVIER BATISTA	1420 SW 124 place	MIAMI, FL 33184
VP-	HANS BATISTA	1420 SW 124 place	MIAMI, FL 33184

800030586278

03/16/04--01111--004 **450.00

10. 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:

J. Batista

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/23/04 305 551-9646

CR2E061 (01/04)