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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
-SECRETARY OF STATE-  
DIVISION OF CORPORATIONS

04 MAR -9 AM 8:00

**REINSTATEMENT** 03-04

DOCUMENT # P98000075515

1. Corporation Name

IMAGEN LATINOAMERICANA NEWSPAPER CORP.

2. Principal Office Address

520 BRICKELL KEY DR.

Suite, Apt. #, etc.

327 C

City & State

MIAMI, FLORIDA

Zip

33131

Country

USA

3. Mailing Office Address

520 BRICKELL KEY DR.

Suite, Apt. #, etc.

327 C

City & State

MIAMI, FLORIDA

Zip

33131

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida 08/31/1998

5. FEI Number  
65-0860165

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

FERNANDO CERRATTO

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

520 BRICKELL KEY DRIVE

Suite, Apt. #, Etc.

327-C

City

MIAMI

State

FL

Zip Code

33131

500030063899  
03/09/04--01024--017 \*\*30.00

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

REGISTERED AGENT MUST SIGN

Date 03-03-04

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
PD	FERNANDO CERRATTO	520 BRICKELL KEY DR. # 327-C	MIAMI, FL 33131

10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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

03/03/04

Date

786-253-5790

Daytime Phone #

CR2E081 (01/04)

1282

Miami, March 3<sup>rd</sup> 2004

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: IMAGEN LATINOAMERICANA NEWSPAPER CORP.  
Doc Number P98000075515

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2003 Uniform Business Report. We think it was sent to a different location.

We are enclosing a check for \$300.00 to cover the following fees:

2003 Uniform Business Report: \$150.00  
2004 Uniform Business Report: \$150.00

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 1998.

Your consideration will be greatly appreciated.

Sincerely,



Fernando Cerratto  
President  
520 Brickell Key Dr.  
No. 327C  
Miami, FL 33131