

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 21 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000103800

1. Corporation Name

EL CID EDITOR INC.

Principal Place of Business

Mailing Address

18181 NE 31ST COURT
SUITE 1608
MIAMI FL 33160-2677

18181 NE 31ST COURT
SUITE 1608
MIAMI FL 33160-2677

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/14/1998	
City & State		City & State		5. FEI Number N/A	
Zip		Zip		6. CERTIFICATE OF STATUS DESIRED I	
Country		Country		Applied For Not Applied	

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	City / State / Zip
1	2	3	4
PD	VARELA-CID, EDUARDO	18181 NE 31ST COURT	MIAMI FL 33160
SD	CEJAS, MARCELA	18181 NE 31ST COURT	MIAMI FL 33160

400003087534--4
-01/04/00-01064-005
****750.00 ****750.00
LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CID, EDUARDO V 18181 NE 31ST COURT SUITE 1608 MIAMI FL 33160-2677		VARELA-CID, Eduardo		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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

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

Date

Daytime Phone #

11/9/1999 305.705.8807