PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

			M. Pilaj		
CORPORATION REINSTATEMENT	NSTATEMENT Secretary of State  DIVISION OF CORPORATIONS		E	02 AUG -5 AM 9:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT# 19900046524 1. corporation Name Terna Rublishing Corporation.				50000707682 -08/13/0201048 ****308.75	5S
Principal Office Address 1219 SW 114 Lane-Circle & Same.				*****JUU.!J ****	#JUU 13
Suite, Apt. #, etc.  City & State	Sulte, Apt. #, etc.  City & State			porated or Qualified ness in Florida 5/21/2	79
Miami/FC Zip Country = 2	Zip	Country	65 09	5. FEI Number Applied For Not Applicable  6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
33176 USA			CERTIFICATE	OF STATUS DESIRED for a Certificate	e of Status
Name Ciscle Delgado.  Street Address (P.O. Box Number is Npt Acceptable)  11219 SW 114 Iane-circle.  Suite, Apt. #, Etc.					
city mi ami	chy miami			State Zip Code FL 3317Co.	<u> </u>
8. I, being appointed the registered agent of the above named concernation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN					
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 Giselle Dela	gado 1121	9 SW 114	Lane Circle	May F2 331	76.
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 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 pames 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 ecourate, and my signature shall have the same legal effect as if made under oath.  SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF FICER OR DIRECTOR  Date  Date					

gs 8/6/02



## proposal sheet work order fax cover sheet on on invoice Just a little note

August 2, 2002

TO: Florida Department of State RE: Corporation Reinstatement

FROM: Giselle Delgado

Dear Sirs,

I didn't receive any notices to file my annual report. As a result, my corporation was dissolved. I learned of this fact through a third party. My accountant (which I plan to NEVER use again for obvious reasons!) failed to inform me properly on this matter.

Therefore, as advised by one of your representatives today over the phone, I am enclosing a check of \$300.00 to reinstate my Corporation.

Please let me know what steps I should take next to make sure this doesn't happen again.

I am also enclosing an additional \$8.75 for a certificate of status.

Once again, my address is:

Tema Publishing Corporation 11219 sw 114 lane-circle Miami, Florida, 33176

Document #: P99000046524 FEI#:650924505

Eagerly waiting for your response, I remain,

President
Terna Publishing

have a great day

15/2/ 18/8/2/ 19/8/2/ 19/8/2/ 19/8/2/ 19/8/2/ 19/8/2/ 19/8/2/ 19/8/2/ 19/8/2/ 19/8/2/ 19/8/2/ 19/8/2/ 19/8/2/ 19/8/2/ 19/8/2/ 19/8/2/ 19/8/2/ 19/8/ 19