

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 APR -2 A 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000061963

1. Corporation Name

Pop Media Publishing, Inc.

2. Principal Office Address - No P.O. Box #
10773 NW 58 ST.

3. Mailing Office Address
2121 Ponce De Leon Blvd.

Suite, Apt. #, etc.
#104

Suite, Apt. #, etc.
Suite 650

City & State
Miami, FL

City & State
Coral Gables, FL

Zip
33178

Country
United States

Zip
33134

Country
United States

4. Date Incorporated or Qualified
To Do Business in Florida 07/13/1999

5. FEI Number
650950281

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
Alexander Sueiro

Street Address (P.O. Box Number is Not Acceptable)
2121 Ponce De Leon Blvd.

Suite, Apt. #, Etc.
Suite 650

City
Coral Gables, FL

State Zip Code
FL 33134

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date 03/27/2009

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
D	Carlos Ponce	10773 NW 58 ST. #104	Miami, FL, 33178
PVP	Carlos Ponce	10773 NW 58 ST. #104	Miami, FL, 33178
T	Alexander Sueiro	10773 NW 58 ST. #104	Miami, FL, 33178

REINSTATEMENT

01-09

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 contained in Chapter 119, 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:

Alexander Sueiro, CPA

03/27/2009

305-567-0150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #