

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 26 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000066834

1. Corporation Name

DENON MAGAZINES, INC.

2. Principal Office Address

419-421 Michigan Avenue

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33139

Country

USA

3. Mailing Office Address

419-421 Michigan Avenue

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33139

Country

USA

REINSTATEMENT 01-02

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

7/27/1999

5. FEI Number

☒ 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

CARLOS M. FLORES

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

419-421 Michigan Avenue

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33139

300005493323-6

-05/09/02--01008--033

****900.00 ****900.00

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

Date

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 M. FLORES	419-420 Michigan Avenue	Miami Beach, FL 33139

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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos Flores

Date

Daytime Phone #

02/04/02 305-532-0204

CR2ED081 (9/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 18, 2002

DENON MAGAZINES, INC.
419-421 MICHIGAN AVE
MIAMI BEACH, FL 33139

SUBJECT: DENON MAGAZINES, INC.
Ref. Number: P99000066834

We have received your document for DENON MAGAZINES, INC. and check(s) totaling \$900.00. However, your check(s) and document are being returned for the following:

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott
Document Specialist

Letter Number: 102A00016194