

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

P9142

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUL -3 AM 10:44

DOCUMENT # P99000083641

1. Corporation Name

AD SHOP LATINA, INC.

Principal Place of Business

Mailing Address

~~8166 N.W. 10TH ST., #4~~  
~~MIAMI FL 33126~~

~~8166 N.W. 10TH ST., #4~~  
~~MIAMI FL 33126~~



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

2. New Principal Office Address, If Applicable

~~4854 NW 114 Court~~  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~1300 Coral Way~~  
Suite, Apt. #, etc.

City & State  
Miami Florida

City & State  
Miami Florida

Zip 33178 Country USA

Zip 33145 Country USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified  
To Do Business in Florida

09/17/1999

5. FEI Number

☒ Apply **SP**  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	Veronica Falcon	4854 NW 114 Ct.	Miami FL 33178

800004478288--8  
-07/17/01--01002--010  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FALCON, VERONICA

~~8166 N.W. 10TH ST., #4~~ 4854 NW 114 Court  
MIAMI FL 33126 Miami, FL 33178

Name

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

4854 NW 114 Court

Suite, Apt. #, Etc.

City Miami

State FL

Zip Code 33178

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

*Veronica Falcon*  
REGISTERED AGENT MUST SIGN

REQUIRED

Date 6/29/01

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

SIGNATURE:

*Veronica Falcon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/01  
Date

306 285 3210  
Daytime Phone #

CR2E040 (8/00)

88292

Form **SS-4**

(Rev. April 2000)

Department of the Treasury  
Internal Revenue Service

# **Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► **Keep a copy for your records.**

EIN

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) <b>VERONICA T FALCON</b>	
	2 Trade name of business (if different from name on line 1) <b>AD SHOP LATINA, INC</b>	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) <b>1300 Coral Way Suite 204</b>	5a Business address (if different from address on lines 4a and 4b) <b>4854 NW 114 Court</b>
	4b City, state, and ZIP code <b>Miami FL 33145</b>	5b City, state, and ZIP code <b>Miami FL 33178</b>
	6 County and state where principal business is located <b>Dade, FL</b>	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► <b>Veronica T. Falcon</b>	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input checked="" type="checkbox"/> Sole proprietor (SSN) <b>153 66 8868</b>	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify) ►
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ►	(enter GEN if applicable)
<input type="checkbox"/> Other (specify) ►	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State <b>Florida</b>	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input checked="" type="checkbox"/> Started new business (specify type) ►	<input type="checkbox"/> Changed type of organization (specify new type) ►
	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Created a trust (specify type) ►
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions) <b>* 9/17/1999 see attached reinstatement</b>	11 Closing month of accounting year (see instructions) <b>December 31st</b>
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)	<b>JANUARY 1, 2002</b>
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions)	Nonagricultural <b>1</b>	Agricultural <b>0</b>	Household <b>0</b>
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14 Principal activity (see instructions) ► <b>Advertising/Marketing Consultants</b>
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15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ►	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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16 To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
<input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ►		

17a Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.	Legal name ►	Trade name ►
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17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.	Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) <b>VERONICA T. FALCON PRESIDENT</b>	Business telephone number (include area code) <b>(786) 331 7546</b>
	Fax telephone number (include area code) <b>(305) 285 3215</b>

Signature ► <b>Veronica Falcon</b>	Date ► <b>6/29/01</b>
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Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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