

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # V52986

1. Corporation Name

AMERICAN BIRD COMMUNICATIONS CORP.

Mailing Address  
25 SE 2nd Avenue  
Suite 220  
Miami, FL 33131

Principal Place of Business  
25 SE 2nd Avenue  
Suite 220  
Miami, FL 33131

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

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified  
To Do Business in Florida  
July 24, 1992

5. FET Number

65-0346640

Applied For

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD	Rodrigo Trujillo	25 SE 2nd Avenue #220	Miami, FL 33131

000002241809--0  
-07/18/97--01101--007  
\*\*\*1410.00 \*\*\*1410.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Rodrigo Trujillo

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

25 SE 2nd Avenue,

Suite, Apt. #, Etc.

#220

City

Miami

State

FL

Zip Code

33131

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

*Rodrigo Trujillo*  
by AMERICAN BIRD COMM. CORP.  
Rodrigo Trujillo REGISTERED AGENT MUST SIGN

Date

7/9/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

(See other side for  
additional information.)

12. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☒

No ☐

(See other side for information  
on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Rodrigo Trujillo*  
Rodrigo Trujillo

Date

7/9/97 (305) 859-7735

Daytime Phone #