

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 MAR -6 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **481348**

1. Corporation Name

BROADCAST BARTER BUREAU, INC.

Principal Place of Business

Mailing Address

475 BILTMORE WAY SUITE 207
CORAL GABLES FL 33134

475 BILTMORE WAY SUITE 207
CORAL GABLES FL 33134

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State -

City & State -

Zip

Country

Zip

Country

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

07/22/1975

5. FEI Number

59-1609244

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PS	DE'TCHON, ROBERT S	14540 S.W. 73RD STREET	MIAMI, FLORIDA
VT	DE'TCHON, SARA	14540 S.W. 73RD STREET	MIAMI FL
			200003851522--5 -03/13/01--01123--005 ***750.00 ***750.00
			200003851522--5 -03/13/01--01123--006 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

DIAZ, ANTONIO
1985 NW 88 COURT
SUITE 201
MIAMI FL 33172

9. Name and Address of New Registered Agent

Name **ANTONIO DIAZ**
Street Address (P.O. Box Number is Not Acceptable) **3701 BATTERSEA RD**
Suite, Apt. #, Etc. **LS**
City **Miami** State **FL** Zip Code **33133**

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **2/10/01**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/01
Date

305-441-3180
Daytime Phone #