PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 FEB 12 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# F94000003860

1. Corporation Name

FONOVISA, INC.

REINSTATEMENT 01-02

2. Principal Office Address	3. Mailing Office Address
7710 HASKELL AVE.	7710 HASKELL AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: VAN NUYS, CALIFORNIA	City & State: VAN NUYS, CALIFORNIA
Zip: 91406 Country: U.S.A.	Zip: 91406 Country: U.S.A

4. Date Incorporated or Qualified To Do Business in Florida: 7/25/1994

5. FEI Number: 954049485 ☐ 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

300004961543--5
-02/20/02--01034--010
******8.75 ******8.75

Name: THOMAS R. SPENCER

Street Address (P.O. Box Number is Not Acceptable): 801 BRICKELL AVE.

300004961543--5
-02/20/02--01034--009
******8.75 ******8.75

Suite, Apt. #, Etc.: SUITE 1901

City: MIAMI State: FL Zip Code: 33131

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: Feb. 8, 2002

REGISTERED AGENT MUST SIGN

CR2E081I (9/01)

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
P/D	Guillermo Santiso	7710 Haskell Ave.	Van Nuys, CA 91406
V/D	Rafael Carabias Principe	Av. Vasco Quiroga 2000, Edif. A 1 ° Piso, Colonia Zedec Santa Fe	México, D.F. 01210
V/D	Miguel Angel Sanchez	Calzada de Tlalpan 3000, Colonia Espartaco	México, D.F. 04870
S/D	Juan Sebastián Mijares Ortega	Av. Vasco Quiroga 2000, Edif. A 1 ° Piso, Colonia Zedec Santa Fe	México, D.F. 01210,
T/D	José Luis Mogollón	7710 Haskell Ave	Van Nuys, CA 91406

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 1 19.07(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: _____ José Luis Mogollón 2/8/02 818-782-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #