

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 OCT 20 PM 1:02

DOCUMENT # **F94000006471**

1. Corporation Name  
**WEA, LATINA INC.**

Principal Place of Business Mailing Address  
**5201 BLUE LAGOON DRIVE SUITE 200 MIAMI FL 33126 US**  
**75 ROCKEFELLER PLAZA 25TH FLOOR NEW YORK NY 10019 US**



REINSTATEMENT 99

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	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	12/19/1994
City & State	City & State	5. FEI Number
Zip	Country	13-3588626
		Applied For
		Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MIDANI, ANDRE	75 ROCKEFELLER PLAZA	NEW YORK NY 10019
VD	GOLD, JEROME N	75 ROCKEFELLER PLAZA	NEW YORK NY 10019
SD	<del>WISTOW, FRED</del> JOHNSON, DAVID H.	75 ROCKEFELLER PLAZA	NEW YORK NY 10019
AS	WHITE, MARIE	75 ROCKEFELLER PLAZA	NEW YORK NY 10019
SRVP	RICHARD J. BRESSLER	75 ROCKEFELLER PLAZA	NEW YORK NY
D	CARADINE, JAMES G	75 ROCKEFELLER PLAZA	NEW YORK NY 10019

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 000003027000--3 -10/27/99--01097--004 *****750.00 *****750.00	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code
	FL

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]* **Jonathan R. Giddings** Assistant Secretary Date: **10/18/99**

REGISTERED AGENT MUST SIGN

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: Marie N. White **MARIE N. WHITE, ASSISTANT SECRETARY** Date: **(212) 484-7596** Daytime Phone #