


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 98 JUL 27 PM 3:03 SEC. OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # 1. Corporation Name <i>F96000001283</i> Cayo Hueso Television Corp.			
Principal Place of Business 2701 Alcott Street, Denver, Colorado 80211		Mailing Address 2701 Alcott Street, Denver, CO 80211	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, if Applicable Suite, Apt. #, etc. City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida <i>3-13-96</i>	
		5. FEI Number 65-0517907	
		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
\$3.75 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City/State/Zip
<i>PR, Secy, TR</i>	David M. Drucker, Director	2701 Alcott Street	Denver, CO 80211
<i>V.P.</i>	Penny Drucker	2701 Alcott Street	Denver, CO 80211
8. Name and Address of Current Registered Agent CT Corporation System, 1200 Pine Island Road, Plantation, FL 33324		9. Name and Address of New Registered Agent Name C T Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 Pine Island Road Suite, Apt. #, Etc. City Plantation State FL Zip Code 33324	
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 <i>Marcia J. Sunahara</i>		Date <i>7-24-98</i>	
REGISTERED AGENT MUST SIGN <i>Marcia J. Sunahara, Asst. Secretary</i>			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: <i>David M. Drucker</i>		Date <i>7-23-98</i>	
SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR <i>David M. Drucker, PR Secy TR</i>			

REINSTATEMENT *97-98*

30 7-27-98

CR2E-040 (1/2/95)