


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000001047 1. Entity Name RADIO LUMIERE DU SUD DE LA FLORIDE, INC.						<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">FILED</div> <div style="font-size: 1.5em; font-weight: bold; opacity: 0.5;">08 MAY 29 PM 12:01</div> <div style="font-size: 1.2em; font-weight: bold; opacity: 0.5;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 175 NW 128TH STREET NORTH MIAMI, FL 33168		Mailing Address 175 NW 128TH STREET NORTH MIAMI, FL 33168					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LEVEILLE, LEVICAIRE REV. 175 NW 128TH STREET NORTH MIAMI, FL 33168				Name VILNORD SIMON Street Address (P.O. Box Number is Not Acceptable) 175 NW 128 Street City North Miami FL Zip Code 33168			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ DATE 06-26-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reinstating)</small>							
FILE NOW!!! FEE IS \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				NAME	VILNORD SIMON		
STREET ADDRESS				STREET ADDRESS	175 N.W. 128th Street		
CITY-ST-ZIP				CITY-ST-ZIP	North Miami, Florida 33168		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				NAME	ERNAUD MONPREMIER		
STREET ADDRESS				STREET ADDRESS	7183 N.W. 7th Ave.		
CITY-ST-ZIP				CITY-ST-ZIP	Miami, Florida 33138		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				NAME	BYRON FILUS		
STREET ADDRESS				STREET ADDRESS	233 N.E. 76 street		
CITY-ST-ZIP				CITY-ST-ZIP	Miami, Florida 33127		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				NAME	VILLEMMAIN SIMON		
STREET ADDRESS				STREET ADDRESS	221 N.E. 169 street		
CITY-ST-ZIP				CITY-ST-ZIP	N. Miami Beach, Florida 33162		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				NAME	DELICE STAR		
STREET ADDRESS				STREET ADDRESS	13285 N.E. 6th Ave.		
CITY-ST-ZIP				CITY-ST-ZIP	N. Miami, Florida 33161		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				NAME	Marie MAUDE DESIR		
STREET ADDRESS				STREET ADDRESS	457 N.W. 80th street		
CITY-ST-ZIP				CITY-ST-ZIP	Miami, Florida 33150		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: Silvord Simon				Date: 06-26-08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			

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