

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 NOV 17 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N06000003355

1. Corporation Name

SOUTH FLORIDA PUBLIC MEDIA COMPANY

**REINSTATEMENT 07-08**

700138002587  
11/17/08--01054--011 \*\*122.50  
CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #  
169 EAST FLAGLER ST.

3. Mailing Office Address  
169 EAST FLAGLER ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI, FLORIDA

City & State  
MIAMI, FLORIDA

Zip Country  
33131

Zip Country  
33131

4. Date Incorporated or Qualified  
To Do Business in Florida 03/24/2006

5. FEI Number  
13-4366122

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

Name  
THOMAS J. QUARLES

Street Address (P.O. Box Number is Not Acceptable)  
150 WEST FLAGLER ST.

Suite, Apt. #, Etc.  
SUITE 2200

City  
MIAMI

State Zip Code  
FL 33130

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 11-13-08

REGISTERED AGENT MUST SIGN

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	RICK LEWIS	169 EAST FLAGLER ST.	MIAMI, FLORIDA 33131
S/T	JORGE PEREZ-ALVAREZ	169 EAST FLAGLER ST.	MIAMI, FLORIDA 33131

CC 11/18

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 contained in Chapter 119, 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

11/13/08

Date

Daytime Phone #