

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAY 19 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P38691

1. Corporation Name

TRUE NORTH HOLDINGS (LATIN AMERICA), INC.

2. Principal Office Address - No P.O. Box #

1114 AVENUE OF THE AMERICAS

3. Mailing Office Address

1114 AVENUE OF THE AMERICAS

Suite, Apt. #, etc.

16th Floor

Suite, Apt. #, etc.

16th Floor

City & State

New York, NY

City & State

New York, NY

Zip

10036

Country

USA

Zip

10036

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/07/1992

5. FEI Number

591849797

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

CAPITOL CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)

155 OFFICE PLZ DR.

Suite, Apt. #, Etc

STE A

City

TALLAHASSEE

State

FL

Zip Code

32301

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

Krista Ali

REGISTERED AGENT MUST SIGN

Krista Ali, Asst. Sec.

Date **5/18/2011**

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
DVS	Nicholas J. Camera	1114 Ave of the Americas	New York, NY 10036
P	Aurelio Saraiva Pinto Lopes Junior	Avenida Das Nacoes Unidas 12901	Sao Paulo, Brazil, 04578-910
AS	Jim Chirico	1114 Ave of the Americas	New York, NY 10036
VP	John Gilliam	13801 FNB Parkway	Omaha, NE 68154
VP	Jaqueline Stone	13801 FNB Parkway	Omaha, NE 68154
CFO	Amadeu Aguiar	Avenida Das Nacoes Unidas 12901	Sao Paulo, Brazil, 04578-910

10. E-mail Address: **Judy.Yun@interpublic.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Nicholas J. Camera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/16/2011 212-704-1367

Date

Daytime Phone #

REINSTATEMENT

07-11 35/19/11

800207895018
05/19/11--01019--012 **1350.00

800207895018
05/19/11--01019--013 **8.75