PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 96-97 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 APR 21 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000076626

1. Corporation Name

FLORIDA'S FRENCH BROADCASTING AND PUBLICATION NETWORK, INC.

Principal Place of Business	Mailing Address
~~2206 Hollywood Blvd. Hollywood, Fl. 33020~~	~~2206 Hollywood Blvd. Hollywood, Fl 33020~~

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
2999 NE 191 Street	2999 NE 191 Street
Suite, Apt. #, etc.: 900	Suite, Apt. #, etc.: 900
City & State: Aventura, Fl	City & State: Aventura, Fl
Zip: 33180 Country: USA	Zip: 33180 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 11/04/1993

5. FEI Number: 65-0507857 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DPST D	Gerald Edwards	16690 Waters Edge Drive	Ft Lauderdale, Fl 33326

500002153995--7
-04/24/97--01094--007
****915.00 ****915.00

REINSTATEMENT 96-97
4/21/97
A. Allen

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~Hochsztein, Fred 2206 Hollywood Blvd. Hollywood, Fl 33020~~	Name: Hochsztein, Fred Street Address (P.O. Box Number is Not Acceptable): 2999 NE 191 Street Suite, Apt. # Etc.: 900 City: Aventura State: FL Zip Code: 33180

CR2E040 (12/96)

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: Fred H — REGISTERED AGENT MUST SIGN — Date: 4/8/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [ ]

(See other side for information on intangible tax.)

12. 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: Gerald Edwards Gerald Edwards, President 4/8/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #