

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

541450

1. Corporation Name

BROADCAST INTERNATIONAL GROUP

2. Principal Office Address

8880 NW 20 STREET

Suite, Apt. #, etc.

N

City & State

MIAMI, FL

Zip

33172

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

6/1991

5. FEI Number

650-262-504

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

Ana Maria Sagastegui

500003491175-5

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

323 IVES DAIRY RD

12/07/00-01079-026

****750.00 ****750.00

Suite, Apt. #, Etc.

10

500003491175-5

12/07/00-01079-027

City

North Miami Beach

State

FL

****750.00 ****750.00

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/15/00

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
PRES.	ANA MARIA SAGASTEGUI	323 IVES DAIRY ROAD #10	N MIAMI BEACH, FL 33179
SEC.	JEAN YACOBELLIS	6130 NW 33 WAY	FT. LAUDERDALE, FL 33309
TRS.	MYRIAM VASQUEZ	5248 NW 113 PL.	MIAMI, FL 33178

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/00

Daytime Phone #

(305)
599-2112

CR2081 (9/99)