

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 20 PM 3:04

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000005566

1. Corporation Name

Interamerican Cable Advertising Sales, Inc.

2. Principal Office Address

9050 Pines Blvd

Suite, Apt. #, etc.

SUITE 386

City & State

Pembroke Pines, FL

Zip

33024

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 04-06

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

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

ERIC GOLOMB

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

9050 Pines Blvd

Suite, Apt. #, Etc.

SUITE 386

City

Pembroke Pines, FL 33024

State

FL

Zip Code

33024

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02/27/06--01013--012 ***0.00

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

REGISTERED AGENT MUST SIGN

Date

2/7/06

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
CP	Jorge Ricardo Gandolfo	994 Tucuman Street 2nd fl	Buenos Aires, Argentina 1049
DS	Jorge Alejandro Gandolfo	994 Tucuman Street 2nd fl	Buenos Aires, Argentina 1049
TD	MARIA DEL CARMEN INSTA	994 Tucuman Street 2nd fl	Buenos Aires, Argentina 1049

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

Date

Daytime Phone #

**INTERAMERICAN CABLE ADVERTISING SALES, INC.
9050 PINES BOULEVARD, SUITE 386
PEMBROKE PINES, FLORIDA 33024**

February 7, 2006

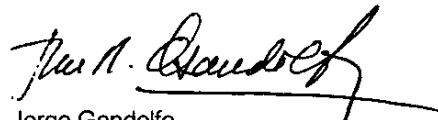
Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Please note that we respectfully request that the reinstatement fee be waived as this corporation did not receive the annual report notice in the year of dissolution.

Thank you for your consideration of this matter.

Sincerely,


Jorge Gondolfo