

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



DOCUMENT # **F05000003406**

1. Corporation Name

Petry Latino, Inc.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
c/o Netspan, Inc.

3. New Mailing Office Address, If Applicable
c/o Neal Frank

Suite, Apt. #, etc.
601 Brickell Key Drive

Suite, Apt. #, etc.
767 Third Avenue, 14th Floor

City & State
Miami, Florida

City & State
New York, New York

Zip
33131-2608

Country

Zip
10017

Country

4. Date Incorporated or Qualified To Do Business in Florida

May 18, 1995

5. FEI Number

13-3836883

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
C,D	Carlos Barba	c/o Herrick, Feinstein LLP 2 Park Avenue	New York, NY 10016
P,T,D	Neal Frank	c/o Marlin Entertainment 767 Third Avenue	New York, NY 10017
VP	Eric Romero	c/o Netspan, Inc. 601 Brickell Key Drive	Miami, Florida 33131-2608
S,D	Michael Heitner	c/o Herrick, Feinstein LLP 2 Park Avenue	New York, NY 10016
D	Leisa Frank	c/o Marlin Entertainment 767 Third Avenue	New York, NY 10017

8. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

9. Name and Address of New Registered Agent

National Corporate Research, Ltd., Inc.
Street Address (P.O. Box Number is Not Acceptable)
1406 Hays Street
Suite, Apt. #, Etc.
2
City
Tallahassee
FL 32301

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

REGISTERED AGENT MUST SIGN

Date **10/27/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Neal Frank

Date

10/9/97

Daytime Phone #

212 988-5890

FILED

97 NOV -3 PM 3:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

REINSTATEMENT

CR20040 (12/96)