

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 NOV 29 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000003406

1. Corporation Name

NETSPAN LATINO, INC.

Principal Place of Business

Mailing Address

999 PONCE DE LEON BLVD
525
CORAL GABLES FL 33134
US

C/O NEAL FRANK
767 THIRD AVENUE 14TH FLOOR
NEW YORK NY 10017

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/17/1995

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CD	BARBA, CARLOS	C/O HERRICK FEINSTEIN LLP, 2 PAR	NEW YORK NY 10016
PTD	FRANK, NEAL	C/O MARLIN ENTERTAINMENT, 767 TH	NEW YORK NY 10017
VP	ROMERO, ERIC	C/O NETSPAN, INC. 801 BRICKELL K	MIAMI FL 33131
VP	NANCY EZAVIN	C/O NETSPAN 999 PONCE DE LEON BLVD # 525 MIAMI FL	33134
SD	HEITNER, MICHAEL	C/O HERRICK FEINSTEIN LLP, 2 PAR	NEW YORK NY 10016
D	FRANK, LEISA	C/O MARLIN ENTERTAINMENT, 767 TH	NEW YORK NY 10017

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NATIONAL CORPORATE RESEARCH, LTD, INC.
1406 HAYS STREET
2
TALLAHASSEE FL 32301

Name

Neal Frank

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

C/O Netspan Latino Inc

Suite, Apt. #, Etc.

999 Ponce De Leon Blvd # 525

City

Coral Gables

State

FL

Zip Code

33134

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

800003065518-6

12/13/99-01136-003

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, 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

10/15/99

Daytime Phone #

1-212-888-5890

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