

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 17 PM 2:39

DOCUMENT # F98000004551

1. Corporation Name

STARMEDIA NETWORK, INC.

Principal Place of Business

Mailing Address

200 HUDSON STREET, 12TH FLOOR
ATTN: ACCOUNTS PAYABLE DEPARTMENT
NEW YORK NY 10013

200 HUDSON STREET, 12TH FLOOR
ATTN: ACCOUNTS PAYABLE DEPARTMENT
NEW YORK NY 10013



REINSTATEMENT 00

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

STARMEDIA NETWORK, INC.
Suite, Apt. #, etc.

STARMEDIA NETWORK, INC.
Suite, Apt. #, etc.

75 VARICK ST

75 VARICK ST

City & State

City & State

NEW YORK NY

NEW YORK NY

Zip

Country

Zip

Country

10013

USA

10013

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/10/1998

5. FEI Number

06-1461770

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	7000003496547--8 4 -12/12/00/SP025--028 ****750.00 ****750.00 NEW YORK NY 10018
D	HELLER, STEVEN J	29 WEST 36TH ST 5TH FLOOR	NEW YORK NY 10018
DP	CHEN, JACK C	29 WEST 36TH STREET, 5TH FLOOR	NEW YORK NY 10018
D	LINEN, CHRISTOPHER T	29 WEST 36TH STREET, 5TH FLOOR	NEW YORK NY 10018
V	LEEDS, TRACY J	29 WEST 36TH STREET, 5TH FLOOR	NEW YORK NY 10018
D	ROSENKRANZ, GERARDO M	29 WEST 36TH STREET, 5TH FLOOR	NEW YORK NY 10018
D	MACEDONIA, JUSTIN R	29 W 36TH ST 5TH FLOOR	NEW YORK NY 10018

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVE
TALLAHASSEE FL 32301

Name

C.T. CORPORATE SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

SIGNATURE REQUIRED
PETER F. SOUZA
ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date

11/14/00

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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/50/00

Daytime Phone #

215-905-8440