

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAY 30 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

F99000000182

1. Corporation Name

STARMEDIA, INC.

2. Principal Office Address

12051 Corporate Blvd

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32817

Country

USA

3. Mailing Office Address

3601 Eisenhower Ave.

Suite, Apt. #, etc.

450

City & State

Alexandria, VA

Zip

22304

Country

USA

REINSTATEMENT

Co-01

4. Date Incorporated or Qualified
To Do Business in Florida

5/19/98

5. FEI Number

04-3454054

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

C T Corporation 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

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

5/22/01

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
CEO	Frank P. Pugliese	2231 William & Mary Dr.	Alexandria, VA 22308
Pres	Gerald L. Berry	1630 Tiverton Street	Winter Springs, FL 32708
Treas	Timothy S. Schimkus	8497 Silverview Drive	Lorton, VA 22079
Dir.	Rajiv Bhatt	67 Batterymarch Street	Boston, MA 02110
Dir.	Curtis Uehlein	67 Batterymarch Street	Boston, MA 02110

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:

Frank P. Pugliese

Frank P. Pugliese

3/30/01

(703) 960-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)