

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 DEC 20 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F99000004962

1. Corporation Name

STARMEDIA MOBILE (USA), INC.

Principal Place of Business

Mailing Address

C/O STARMEDIA NETWORK, INC.  
29 WEST 36TH STREET - 3RD FLOOR  
NEW YORK NY 10018

C/O STARMEDIA NETWORK, INC.  
29 WEST 36TH STREET - 3RD FLOOR  
NEW YORK NY 10018

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

C/O STARMEDIA NETWORK, INC.  
Suite, Apt. #, etc.

C/O STARMEDIA NETWORK, INC.  
Suite, Apt. #, etc.

75 VARICK ST.  
City & State

75 VARICK ST.  
City & State

NEW YORK, NY  
Zip

NEW YORK, NY  
Zip

Country  
USA

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/24/1999

5. FEI Number

Applied For

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 3	City / State / Zip 4
PCD	CHEN, JACK	29 WEST 36TH STREET - 3RD FLOOR	NEW YORK NY 10018
			000003583210--4
			-01/29/01--01005--016
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

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

Daytime Phone #