

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**APPLICATION  
FOR  
REINSTATEMENT**



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

01 DEC 10 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F99000004962**

1. Corporation Name

**STARMEDIA MOBILE (USA), INC.**

Principal Place of Business

C/O STARMEDIA NETWORK, INC.  
75 VARICK ST.  
NEW YORK NY 10013

Mailing Address

C/O STARMEDIA NETWORK, INC.  
75 VARICK ST.  
NEW YORK NY 10013

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

2. New Principal Office Address, if Applicable

**999 Brickell Avenue  
Suite 808**

City & State  
**Miami, Florida**

Zip  
**33131**

Country  
**U.S.A.**

3. New Mailing Office Address, if Applicable

**999 Brickell Avenue  
Suite 808**

City & State  
**Miami, Florida**

Zip  
**33131**

Country  
**U.S.A.**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PCD	CHEN, JACK	29 WEST 36TH STREET - 3RD FLOOR	NEW YORK NY 10018
P/D	Narciso, Enrique	999 Brickell Avenue, Suite 808	Miami, FL 33131
			300004740833--8 -12/27/01--01028--005 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

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.

**PETER F. SOUZA  
ASSISTANT SECRETARY**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

**12/7/01**

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:

**Enrique Narciso, President 10/26/01 (305)938-3000**

PRINT OR TYPE FULL NAME OF OFFICER OR DIRECTOR

Date

Beginnings printed #