

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 5:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
900009013809
11/15/02--01012--018 **750.00

DOCUMENT # **F99000004962**

1. Corporation Name

STARMEDIA MOBILE (USA), INC.

Principal Place of Business

999 BRICKELL AVENUE
STE. 808
MIAMI FL 33131

Mailing Address

999 BRICKELL AVENUE
STE. 808
MIAMI FL 33131

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 Ave

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33131

Country

USA

3. New Mailing Office Address, If Applicable

999 Brickell Ave.

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33131

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
PD	NARCISO, ENRIQUE	999 BRICKELL AVENUE, STE. 808	MIAMI FL 33131
PD	Tost, Jose M.	999 Brickell Ave	Miami FL 33131

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
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

PETER F. SOUZA

ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

11/7/02

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 #

CR2E040 (8/02)