

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Division of Corporations
L01000022592

FILED

02 NOV 13 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000022592
Name and Mailing Address

0008470 01 FP 0.352 **PRST H6 0 0615 33134-531150



LATIN AMERICA MEDIA, LLC
95 MERRICK WAY, STE. 600
CORAL GABLES FL 33134-5311



2. New Mailing Address

City, State, Zip

Principal Place of Business

95 MERRICK WAY, STE. 600
CORAL GABLES FL 33134

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/27/2001

6. FEI Number

01-0552095

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

BORDA, JOSE
95 MERRICK WAY, STE. 600
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BORDA, JOSE	95 MERRICK WAY, STE. 600	CORAL GABLES FL 33134
MGR	CROW, SABRINA	95 MERRICK WAY, STE. 600	CORAL GABLES FL 33134
MGR	ZILLNER, MICHAEL	95 MERRICK WAY, STE. 600	CORAL GABLES FL 33134
AL 1			
BU00008963348			
11/13/02--01039--019 **155.00			
REINSTATEMENT			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Jose Borda

Date 11-6-02

Daytime Phone (305) 702-5724

Typed or printed name of signing Managing Member/Manager

CR2EC84 (8/02)