

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

**APPROVED
AND
FILED**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000000555
Limited Liability Company's Name
Galaxy Latin America, LLC

REINSTATEMENT 2000

Principal Office Address Despacho de Especialistas en Abogacia, S.A. P.O. Box 1884-1000, De la Casa Italia, 685		3. Mailing Office Address 2400 E. Commercial Blvd.		4. State/Country of Formation Delaware	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 10th Floor		5. Date Organized or Qualified To Do Business in Florida 04/14/1999	
City & State San Jose		City & State Fort Lauderdale, FL		6. FEI Number 9444517063	
Country Costa Rica	Zip 33308	Country U.S.A.	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable
				7. \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name CT Corporation System	000003459280-8
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	-11/09/00-01034-007
Suite, Apt. #, Etc.	****155.00 ****155.00
City Plantation	State FL Zip Code 33324

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.

Agent: *Vicky Goldstein* **VICKY GOLDSTEIN**
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN Date 11-6-00

Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	DIRECTV Latin America, Inc	2230 E. Imperial Hwy, Bldg R8	El Segundo, CA 90245
	Navidad Overseas Corp.	1500 Miami Center 201 South Biscayne Blvd.	Miami, FL 33131
	Darlene Investments, LLC	P.O. Box 694, George Town Grand Cayman	Cayman Island, BWI

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.

Member/Manager: *Kevin McGrath* Date 11/2/00 Daytime Phone # (954) 958-3456

Printed name of signing Managing Member/Manager **Kevin McGrath**

CR2E041 (9-99)