

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000004062

1. Corporation Name

OLE TV, INC EDUCATION, INC.

Principal Place of Business

Mailing Address

1103 VENETIA AVE,  
CORAL GABLES, FL. 33134

SAME

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

00 NOV -2 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

96-00

4. Date Incorporated or Qualified  
To Do Business in Florida

08/18/1994

5. FEI Number

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P-T-D-	NORNIELLA, ISABEL	1103 Venetia Ave.	Coral Gables, Fl. 33134
SEC-D-	QUINTERO, ISABEL	1404 Cordova St.	Coral Gables, Fl. 33134
EXEC-D	ROSES JOSEPH	1800 S.W. 27th Ave. Suite #501	Miami, Fl. 33145

300003473113--0  
-11/21/00--01091--008  
\*\*\*\*481.25 \*\*\*\*481.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

JOSEPH ROSES

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

1800 S.W. 27th Ave.

Suite, Apt. #, Etc.

Suite #501

City

Miami

State

FL

Zip Code

33145

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

*Joseph Roses*

REGISTERED AGENT MUST SIGN

Date

9/50/2000

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

*Joseph Roses*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Exec Director*

Date

Daytime Phone #

9/50/2000

(307) 447-8855

CR2E040 (12/96)