

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 # **U94000005536(7)**

1. Corporation Name
Spanish American Public Broadcasting System, Inc

Principal Place of Business
7815 Coral Way #104 Miami, FL 33155

Mailing Address
P.O. Box 65-1518 Miami, FL 33265

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable JANE DS		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11-7-94	
Suite, Apt. #, etc. ABOVE		Suite, Apt. #, etc.		5. FEI Number 65-0853001	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
CHAIR + D	Bernal, Peter R 905 Equinox Dr. #11-15 Coral Gables, FL		Coral Gables, FL 33133
Secy	Duarte, Jose 441 W. Flagler, Miami, FL	33130	MIAMI, FL 33130
VED	MARGARITA REGADO 44 W. Flagler, Miami, FL	33130	4000002960084--4 -08/16/99--01007--004 ****251.25 ****251.25 Miami, FL 33130

8. Name and Address of Current Registered Agent Peter R Bernal 7815 Coral Way MIAMI, FL 33155		9. Name and Address of New Registered Agent Name PETER R BERNAL Street Address (P.O. Box Number is Not Acceptable) 7815 CORAL WAY Suite, Apt. #, Etc. #104 City MIAMI State FL Zip Code 33155	
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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 **[Signature]** Date **7-19-99**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.) **KE**

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: **[Signature]** **CHAM** Date **7-19-99** Daytime Phone # **(305) 266-8086**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR