

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # N94000005536

1. Corporation Name

SPANISH AMERICAN PUBLIC BROADCASTING SYSTEM, IN  
C.

Principal Place of Business

Mailing Address

7815 CORAL WAY #104  
MIAMI FL 33155

P.O. BOX 651518  
MIAMI FL 33265

*new*  
*11/2000*  
*old*  
*7815 Coral Way*  
*#104*  
*MIAMI, FL 33155*



REINSTATEMENT 00

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

2. New Principal Office Address, If Applicable (None)  
9439 Fountainbleau Blvd  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
7815 Coral Way #104 Miami FL 33155  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

11/07/1994

5. FEI Number

65-0553001

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CD	BERNAL, PETER R ✓	9439 Fountainbleau Blvd #113 MIAMI, FL 33155	MIAMI, FL 33172
SD	DUARTE, JOSE	44 W. FLAGLER	MIAMI FL 33130
VCD	DELGADO, MARGARITA	44 W FLAGLER ST	MIAMI FL 33130

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8. Name and Address of Current Registered Agent

BERNAL, PETER R  
7815 CORAL WAY #104  
MIAMI FL 33155

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Date 11-14-2000

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #