

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<p><b>APPLICATION FOR REINSTATEMENT</b></p> <p>96-97</p>		<p>FLORIDA DEPARTMENT OF STATE</p> <p>Sandra B. Mortham Secretary of State</p> <p>DIVISION OF CORPORATIONS</p>		<p style="text-align: center;">APPROVED AND FILED</p> <p style="text-align: center;">97 OCT -2 PM 1:01</p> <p style="text-align: center;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																													
<p><b>DOCUMENT #</b> N95000005724</p>																																	
<p>1. Corporation Name</p> <p style="text-align: center;">Latin American Communications Network, Inc.</p>																																	
<p>Principal Place of Business</p> <p>1779 N.W. 28th Street Miami, FL 33142</p>		<p>Mailing Address</p> <p style="text-align: center;">SAME</p>																															
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>																																	
<p>2. New Principal Office Address, If Applicable</p> <p>n/a</p>		<p>3. New Mailing Address, If Applicable</p> <p>n/a</p>		<p>4. Date Incorporated or Qualified To Do Business in Florida</p> <p>12/5/95</p>																													
<p>Suite, Apt. #, etc.</p> <p>n/a</p>		<p>Suite, Apt. #, etc.</p> <p>n/a</p>		<p>5. FEI Number</p> <p>65-0631395</p>																													
<p>City &amp; State</p> <p>n/a</p>		<p>City &amp; State</p> <p>n/a</p>		<p>Applied For</p> <p>Not Applicable</p>																													
<p>Zip</p> <p>n/a</p>		<p>Country</p> <p>n/a</p>		<p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																													
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Title(s)</th> <th style="width:30%;">Name of Officers and/or Directors</th> <th style="width:30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width:30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>PD</td> <td>Rafael A. de los Reyes</td> <td>5750 S.W. 45th Terrace</td> <td>Miami, FL 33155</td> </tr> <tr> <td></td> <td></td> <td></td> <td>688882311556-5 -10/03/97--01094--003 ****306.25 ****306.25</td> </tr> <tr> <td>SD</td> <td>Jose Luis Menendez</td> <td>3220 N.W. 7th Avenue</td> <td>Miami, FL 33127</td> </tr> <tr> <td>TD</td> <td>Victor Lopez</td> <td>753 N.E. 81st Street</td> <td>Miami, FL 33138</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	PD	Rafael A. de los Reyes	5750 S.W. 45th Terrace	Miami, FL 33155				688882311556-5 -10/03/97--01094--003 ****306.25 ****306.25	SD	Jose Luis Menendez	3220 N.W. 7th Avenue	Miami, FL 33127	TD	Victor Lopez	753 N.E. 81st Street	Miami, FL 33138								
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<p>8. Name and Address of Current Registered Agent</p> <p>Carolina Calderin 3107 Alhambra Circle Coral Gables, FL 33134</p>			<p>9. Name and Address of New Registered Agent</p> <p>J. Patrick Fitzgerald, Esq. Street Address (P.O. Box Number is Not Acceptable) 110 Merrick Way, Suite 3-B Suite, Apt. #, Etc. City Coral Gables State FL Zip Code 33134</p>																														
<p>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.</p> <p>Signature of Registered Agent: <i>[Signature]</i> Date: 9/27/97</p> <p style="text-align: center;">J. Patrick Fitzgerald, Esq. REGISTERED AGENT MUST SIGN</p>																																	
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for Information on intangible tax.)</p>																																	
<p>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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.</p>																																	
<p><b>SIGNATURE: By:</b> <i>[Signature]</i> <b>Date:</b> 9/27/97 <b>Daytime phone:</b> (305) 638-9729</p> <p style="text-align: center;">SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Rafael A. de los Reyes, President/Director</p>																																	

CREATOR (12/96)