
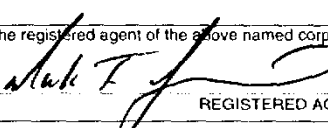
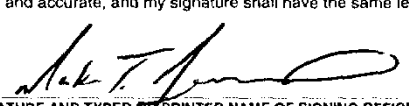


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # # N96000003711			
1. Corporation Name Teen Voice of America Corporation			
Principal Place of Business Dade County, FLA.		Mailing Address 555 NE 15 Street Suite 20-A Miami, FL 33162	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida 7-15-96	
		5. FEI Number 65-0710875	
		Applied For <input type="checkbox"/> Not Applicable	
		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)			
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
D	Maria Staub	555 NE 15 Street	Miami, FL 33162
D	Richard Lundy	150 NW 168 St. #300	N. Miami Beach, FL 33169
D	Mark T. Juanico	9711 NE 2 Ave.	Miami Shores, FL 33138
8. Name and Address of Current Registered Agent KJ6+S 100 SE 2 Street #2800 Miami, FL 33131-2144		9. Name and Address of New Registered Agent Name Mark T. Juanico Street Address (P.O. Box Number is Not Acceptable) 9711 N.E. 2nd Avenue Suite, Apt. #, Etc. City Miami Shores State FL Zip Code 33138	
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 10-31-98 REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/> (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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Mark T. Juanico		Date 10-31-98 Daytime Phone # 305-754-3220	

CR2EW0 (1/96)