

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

**FILED**  
**May 29, 2002 8:00 A.M.**  
**Secretary of State**

DOCUMENT # **N 97 00000 4601**

**1. Corporation Name**

**TELEVIDA INTERNACIONAL, INC.**

**2. Principal Office Address**

**1779 N.W. 28 STREET**

Suite, Apt. #, etc.

City & State

**MIAMI, FL.**

Zip

**33142**

Country

**U.S.A.**

**3. Mailing Office Address**

**P.O. Box 421520**

Suite, Apt. #, etc.

City & State

**MIAMI, FL.**

Zip

**33242**

Country

**U.S.A.**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**8/12/97**

**5. FEI Number**

**01-0664538**

☒ Applied For

☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☒ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**DEACON RAFAEL DE LOS REYES**

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

**500 N.W. 22 AVE.**

Suite, Apt. #, Etc.

City

**MIAMI, FL**

State  
**FL**

Zip Code

**33125**

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

**4/08/02**

**50005763475--5**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	NICOLAS DE JESUS CARDINAL LOPEZ RODRIGUEZ	ISABEL LA CATOLICA #55	SANTO DOMINGO DOMINICAN REPUBLIC
HPD	OSCAR CARDINAL RODRIGUEZ	TERCERA 2ND AVENIDA 1113	TEGUCIGALPA, HONDURAS
VPD	ANTONIO GUEVARA	CALLE 11 No. 180 RICONARIA BATA	LIMA, 12. PERU
VPD	REV. ALBERTO CUTIE	1779 NW 28 ST.	MIAMI, FL. 33142
SD	REV. EDWARD DOUGHERTY	CAIXA POSTAL 1750 CEP 13001-970	CAMPINAS, SP. BRASIL
TD	REV. DCN. RAFAEL DE LOS REYES	500 NW 22 AVE.	MIAMI, FL. 33125

**10. 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: **NICOLAS DE JESUS CARDINAL LOPEZ RODRIGUEZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/08/02**

Daytime Phone #

**305-642-4222**