

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB 22 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PC00000005524

1. Corporation Name

LATIN AMERICAN TELEVISION
CORPORATION

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

1101 Brickell Ave. #704

Suite, Apt. #, etc.

#704N

City & State

MIAMI, FL

Zip

33131

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/7/00

5. FEI Number

05-1021700

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

4/09/01 90020/009 \$150.00

7. Name and Address of Current Registered Agent

Name

MAITE HOYOS, P.A.

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

1101 BRICKELL AVENUE #704

Suite, Apt. #, Etc.

#704

City

MIAMI

State

FL

Zip Code

33131

200005081582--6

-03711702--0107--032

***150.00 ***150.00

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

Maite Hoyos

REGISTERED AGENT MUST SIGN

Date

2/02/02

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
D	Jaime F. Peñaranda	c/o 1101 Brickell Ave. #704	MIAMI, FL 33131
D	Karina De Peñaranda	c/o 1101 Brickell Ave. #704	MIAMI, FL 33131

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/20/02

Daytime Phone #

CR2001 (9/01)

2012

AFFIDAVIT

State of Florida)
) SS:
County of Dade)

This affidavit is to certify that Mr. Jaime Penaranda sent the payment and completed Uniform Business Report on or about April 2, 2001.

On April 10, 2001 Mr. Penaranda recieved a request for corrections on the Uniform Business Report.

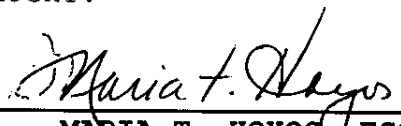
Mr. Penaranda corrected the report and quickly returned it to the Florida Department of State.

Now, as his attorney, I am processing some documentation on behalf of Mr. Penaranda and I was told that the corporation is administratively closed.

Enclosed is the Corporation Reinstatement for and a check for \$150.00 to cover the cost of the 2002 Uniform Business Report.

Your prompt reinstatement of the corporation is greatly appreciated.

FURTHER AFFIANT SAYETH NAUGHT.

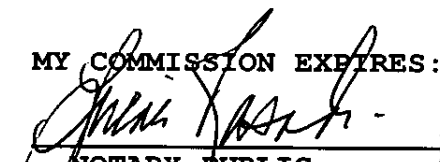


MARIA T. HOYOS ESQ.

Sworn to before me this

20 day of FEBRUARY, 2002.

MY COMMISSION EXPIRES:



NOTARY PUBLIC
State of Florida

