

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 10 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000065524

1. Corporation Name

LATINAMERICAN TELEVISION CORPORATION

Principal Place of Business

Mailing Address

2385 EXECUTIVE CENTER DR.
SUITE 100
BOCA RATON FL 33431

2385 EXECUTIVE CENTER DR.
SUITE 100
BOCA RATON FL 33431

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03



400025385654
12/10/03--01022--021 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

07/05/2000

5. FEI Number

65-1021700

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PENARANDA, JAIME F	1101 BRICKELL AVENUE SUITE 704 2385 EXECUTIVE CENTER DR	MIAMI FL 33131 Boca Raton FL 33431
D	DE PENARANDA, KARINA	1101 BRICKELL AVENUE SUITE 704 2385 EXECUTIVE CENTER DR	MIAMI FL 33131 Boca Raton FL

8. Name and Address of Current Registered Agent

HOYOS, MAITE P.A.
1101 BRICKELL AVENUE
SUITE 704
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name
JAIME PENARANDA
Street Address (P.O. Box Number is Not Acceptable)
2385 EXECUTIVE CENTER DR
Suite, Apt. # Etc.
Suite 100
City
BOCA RATON
State
FL
Zip Code
33431

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

02/12/03

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 #

JAIME PENARANDA 02/12/03



Boca Raton , December 2 , 2003

Sirs :
DIVISIONS OF CORPORATIONS
ANNUAL REPORT / REINSTATEMENT SECTION
P.O. BOX 6327
TALLAHASSEE , FL , 32314-6327

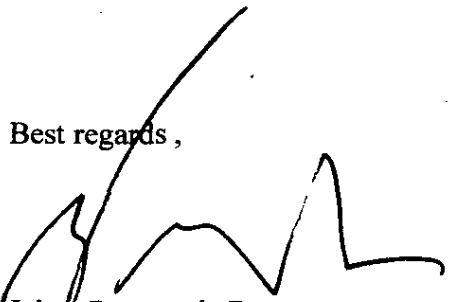
Dear Sirs :

I have received a notice of reinstatement for my Corporation LATINAMERICAN
TELEVISION CORPORATION .

Unfortunately I never got the Annual Uniform Business Report . My address was
changed in January , and maybe that is why I never got it .

Please reconsider your position as far as the fine , as our business is just starting , and the
penalty would be a hardship .

Best regards ,



Jaime Penaranda R
President

