

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 22 PM 4:28

DOCUMENT # P00000079603

1. Corporation Name

THE LATIN ENTERTAINMENT NETWORK, INC.

Principal Place of Business

4630 SOUTH KIRKMAN ROAD #153
ORLANDO FL 32811-2802

Mailing Address

4630 SOUTH KIRKMAN ROAD #153
ORLANDO FL 32811-2802



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

4. Date Incorporated or Qualified
To Do Business in Florida

08/17/2000

SP

5. FEI Number

59-3724670

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01

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
PD	HERNANDEZ, ANTHONY M	4630 SOUTH KIRKMAN ROAD #153	ORLANDO FL 32811
VD	PERALTA, CARLOS J	4630 SOUTH KIRKMAN ROAD #153	ORLANDO FL 32811 Please Delete
VD	HERNANDEZ, ANTONIO M	4630 SOUTH KIRKMAN ROAD #153	ORLANDO FL 32811
STD	WOOD, SCOTT E	4630 SOUTH KIRKMAN ROAD #153	ORLANDO FL 32811
			500004671205--0 -11/07/01-01066-002 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

HERNANDEZ, ANTHONY
4630 SOUTH KIRKMAN ROAD #153
ORLANDO FL 32811-2802

9. Name and Address of New Registered Agent

Name

Anthony Hernandez

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

4630 S. Kirkman Rd.

Suite, Apt. #, Etc.

#153

City

Orlando

State

Zip Code

FL

32811-2802

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/16/2001

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

10/16/2001

Date

813-655-5837

Daytime Phone #

CR2E040 (8/01)