

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC 29 PM 1:22.

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P02000069500

**1. Corporation Name**

STRATCOM HISPANIC, INC.

**2. Principal Office Address**

701 Brickell Avenue

Suite, Apt. #, etc.

Suite 1650

City & State

Miami, FL

Zip

33131

Country

USA

**3. Mailing Office Address**

701 Brickell Avenue

Suite, Apt. #, etc.

Suite 1650

City & State

Miami, FL

Zip

33131

Country

USA

REINSTATEMENT 03

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

06/24/2002

**5. FEI Number**

05-0521909

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

GEORGE R. HARPER

12/29/03--01005--001 \*\*75R 75

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

701 Brickell Avenue

300025720673

Suite, Apt. #, Etc.

Suite 1650

12/29/03--01005--001 \*\*15R 75

City

Miami

State  
FL

Zip Code  
33131

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 12/23/03

**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	MIGUEL SILVA	701 Brickell Avenue - Suite 1650	Miami, FL 33131
STD	GLORIA I. RAMIREZ	701 Brickell Avenue - Suite 1650	Miami, FL 33131
D	CLAUDIA D. FRANCISCO	701 Brickell Avenue - Suite 1650	Miami, FL 33131
D	RICARDO SANTAMARIA	701 Brickell Avenue - Suite 1650	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]*

12/23/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)