

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 11 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P-18365*

1. Corporation Name

UNIVISION OF FLORIDA INC.

2. Principal Office Address

9405 NW 41ST ST.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33178

Country

3. Mailing Office Address

500 FRANK W. BURR BLVD.

Suite, Apt. #, etc.

SIXTH FLOOR

City & State

TEANECK, NJ

Zip

07666

Country

000009508650
12/13/02--01062--016 **900.00

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

3/9/88

5. FEI Number

592876925

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

CT CORPORATION SYSTEM

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

1200 S. PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

Conrad Bayne

REGISTERED AGENT MUST SIGN

Date *12/11/02*

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
<i>DIR PRES</i>	<i>ROBERT V. CAHILL</i>	<i>1999 AVE. OF THE STARS, STE 3050</i>	<i>LOS ANGELES, CA 90067</i>
<i>DIR VP/SECY</i>	<i>C. DOUGLAS KRANWINKLE</i>	<i>1999 AVE. OF THE STARS, STE 3050</i>	<i>LOS ANGELES, CA 90067</i>
<i>TREAS</i>	<i>GEORGE W. BLANK</i>	<i>500 FRANK W. BURR BLVD, 6TH FL.</i>	<i>TEANECK, NJ 07666</i>
<i>VP/ AST. SECY</i>	<i>ANDREW W. HOBSON</i>	<i>1999 AVE OF THE STARS, STE 3050</i>	<i>LOS ANGELES, CA 90067</i>

000009508650
12/13/02--01062--017 **8.75

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE W. BLANK

Date

12/03/02

Daytime Phone #

201-287-4308