

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 NOV 18 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P92000004241

1. Corporation Name

GLOBO NOTICIAS Y FARANDULA INC.

2. Principal Office Address - No P.O. Box #

782 NW LEJEUNE RD

Suite, Apt. #, etc.

207

City & State

MIAMI, FLORIDA

Zip

33126

Country

USA

3. Mailing Office Address

782 NW 42 AVENUE

Suite, Apt. #, etc.

700

City & State

MIAMI, FLORIDA

Zip

33126

Country

USA

REINSTATEMENT  
CR2E081 (11/09)

93-09

4. Date Incorporated or Qualified  
To Do Business in Florida 11/13/1992

5. FEI Number

☒ 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

LOPEZ, JOSE

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

1000 PONCE DE LEON BLVD

Suite, Apt. #, Etc.

300

City

CORAL GABLES

State

FL

Zip Code

33134

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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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 11/01/09

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
P	BARRES-FANJUL, AGUSTINE	1930 NW 36TH AVENUE	MIAMI FL
VP/S	AMADO, Y	1930 NW 36TH AVENUE	MIAMI FL
VP	RUBIO, VICTORIA	1930 NW 36TH AVENUE	MIAMI FL
VP	GOODRICH, RONI	1930 NW 36TH AVENUE	MIAMI FL
T	ZUBIZARRETA, F	1930 NW 36TH AVENUE	MIAMI FL

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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]*  
Rubio

11/01/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #