

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1997 DEC 23 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000035219

1. Corporation Name

SPANISH BROADCASTING MEDIA CORP

Principal Place of Business

Mailing Address

2427 UNIVERSITY BLVD N.  
JACKSONVILLE, FL 32211

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

4. Date Incorporated or Qualified  
To Do Business in Florida

MAY 10, 1994

2427 UNIVERSITY BLVD N.

SAME AS # 2

5. F.E.I. Number

59-3308442

Applied for

Not Applicable

City & State

City & State

JACKSONVILLE, FL

SAME AS # 2

Zip

Country

Zip

Country

32211 DUVAL

SAME AS # 2

6. CERTIFICATE OF STATUS OF SIRE D ☒

\$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)      | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip     |
|---------------|-----------------------------------|---|------------------------|
| P, VP, S, & T | ROBIN R. RIVERA-POMALES           | 2427 UNIVERSITY BLVD N.   | JACKSONVILLE, FL 32211 |
|               |                                   |   |                        |
|               |                                   |   |                        |
|               |                                   |   |                        |
|               |                                   |   |                        |
|               |                                   |   |                        |

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-12/26/97--01083--004  
\*\*\*1080.00 \*\*\*1080.00

500002383335--8  
-12/26/97--01083--005  
\*\*\*\*\*8.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name  
ROBIN R. RIVERA-POMALES  
Street Address (P.O. Box Number is Not Acceptable)  
2427 UNIVERSITY BLVD N.  
Suite, Apt. #, Etc.

City  
JACKSONVILLE

State Zip Code  
FL 32211

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

REGISTERED AGENT MUST SIGN

Date 12-22-97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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

ROBIN R. RIVERA-POMALES

Date

Daytime Phone #

12-22-97 904-743-6234