PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC -5 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000070167**

1. Corporation Name
OCCIDENTAL MEDIA, INC.

Principal Place of Business	Mailing Address
C/O LOEB AND LOEB 345 PARK AVE. NEW YORK NY 10154-0037	C/O LOEB AND LOEB 345 PARK AVE. NEW YORK NY 10154-0037

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96

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

Date Incorporated/Qualified To Do Business in Florida 08/28/1994

5. FEI Number 13-3795266 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTD	GOMEZ, ANDRES V	C/O FERNANDO TRUEBA PC SA 940 17	MIAMI BEACH FL 33139
VP	~~HUETE, CHRISTINA~~	~~% FERNANDO, TRUEBA PCSA 940 17TH~~	~~MIAMI BEACH FL 33139~~
S	~~STRUYCKEN, VOLKERT~~ GOMEZ, MARCO	% FERNANDO, TRUEBA PC SA 940 17T	MIAMI BEACH FL 33139
AS	SANDERS, FREDRIC M	% LOEB & LOEB 345 PARK AVE.	NEW YORK NY 10154

8. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
700002024117--3
Suite, Apt. #, Etc.
-12/10/96--01014--015
****375.00 ****375.00
City State: FL Zip Code

CR2E040 (7/95)

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 Deborah D. Skipper Asst Sec Date 12-5-96
REGISTERED AGENT MUST SIGN

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: ANDRES VICENTE GOMEZ 12/11/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067977 AP