

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 DEC 27 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 98-99

DOCUMENT # P95000032827

1. Corporation Name

LATIN BROADCASTING CORPORATION

Principal Place of Business

Mailing Address

425 GRAPETREE DRIVE #203
MIAMI, FLORIDA 33149

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

2. New Principal Office Address, If Applicable

425 GRAPETREE DRIVE

Suite, Apt. #, etc.

203

City & State

MIAMI, FLORIDA

Zip

33149

Country

USA

3. New Mailing Office Address, If Applicable

425 GRAPETREE DRIVE

Suite, Apt. #, etc.

203

City & State

MIAMI, FLORIDA

Zip

33149

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL 26, 1995

5. FEI Number

65-0601175

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)

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
1	2	3	4
C/P/T/ S/D	LUIS A. GUERRA	425 GRAPETREE DRIVE #203	MIAMI, FLORIDA 33149

8000003103938--3
-01/20/00--01027--003
****908.75 ****908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

LAURA ALCAZAR

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

515 WEST PARK DRIVE

Suite, Apt. #, Etc.

7

City

MIAMI

State

FL

Zip Code

33172

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 DEC 23, 99

CR2E081 (12/96)

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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

DECEMBER 23, 99 305-361-7229

Date

Daytime Phone #