

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 JAN 14 PM 12:11

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000088189**

1. Corporation Name
EC HISPANIC MEDIA, Inc

Principal Place of Business Mailing Address
~~1581 Brickell Ave~~
MIAMI, FL 33129

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

2. New Principal Office Address, If Applicable 2127 BRICKELL AVE		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11-16-95	
Suite, Apt. #, etc. # 3401		Suite, Apt. #, etc.		5. FEI Number 13-2250586	
City & State MIAMI FL		City & State		Applied For Not Applicable	
Zip 33129	Country USA	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
Pres	Eduardo Caballero	2127 Brickell Ave #3401	MIAMI, FL 33129
VP	Raquel Caballero	2127 Brickell Ave #3401	MIAMI FL 33129
Secy	ROSAMARIA STAFFORD	319 Henley	Birmingham, MI 48009
REINSTATEMENT 9/6/99 TB 1/15/99			
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8. Name and Address of Current Registered Agent

The Prentice Hall Corporation System, Inc
110 N. MAGNOLIA ST
Tallahassee, FL 32301

9. Name and Address of the Registered Agent

Name **Eduardo Caballero**
 Street Address (P.O. Box Number is Not Acceptable) **2127 Brickell Ave**
 Suite, Apt. #, Etc. **# 3401**
 City **MIAMI** State **FL** Zip Code **33129**

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 **1/12/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30, 1999 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: **EDUARDO CABALLERO** **1/12/99** **305-856-4365**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E001 (12/98)