

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL 23 PM 2:37

DOCUMENT # **P96000068872**

1. Corporation Name

**AMERICAN COUNTRY BROADCAST
TELEVISION INC.**

2. Principal Office Address

10241 NW. 56 ST

Suite, Apt. #, etc.

3. Mailing Office Address

10241 NW. 56 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI FL.

Zip

33178

Country

U.S.A.

Zip

33178

Country

U.S.A.

REINSTATEMENT 98-01

4. Date Incorporated or Qualified
To Do Business in Florida

9-01-1996

5. FEI Number

65-0699720

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

ANGEL RENATO LOMBARDI

600004500588-9

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

10241 NW. 56 ST

**07/26/01 01007 023
***1208.75 ***1208.75**

Suite, Apt. #, Etc.

City

MIAMI,

State

FL

Zip Code

33178

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

REGISTERED AGENT MUST SIGN

Date

7-20-2001

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
OWNER	ANGEL RENATO LOMBARDI	10241 NW. 56 ST	MIAMI, FL. 33178

10. 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:

ANGEL RENATO LOMBARDI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-20-2001

Daytime Phone #

305-597-9323

CR2E081 (8/00)