

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 MAR 28 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000090472

1. Corporation Name

RGN / Radio Klaridad, Inc.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

999 Ponce de Leon Blvd

3. New Mailing Office Address, If Applicable

10300 Sunset Dr.

Suite, Apt. #, etc.

1020

Suite, Apt. #, etc.

435

City & State

Coral Gables, Florida

City & State

Miami, FL

Zip

33134

Country

U.S.A.

Zip

33173

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

11/04/96

5. FEI Number

65-0720483

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S	Jaime Pava Mojica	Cra 13A 37-32.	Bogotá - Colombia.
			600004065476--0 -04/25/01--01007--013 ****515.00 ****515.00
			600004065476--0 -04/25/01--01007--014 ****393.75 ****393.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

b. Name and Address of Current Registered Agent			
Name		Taleson Advisory Corp.	
Street Address (P.O. Box Number is Not Acceptable)			
10300 Sunset Dr.			
Suite, Apt. #, Etc.			
435			
City		State	Zip Code
Miami		FL	33173

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/8/01

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

Date

3/19/01

Daytime Phone #

CR2E08 (12/98)