FILED SECRETARY OF STATE

BIVISION OF CORPORATIONS

00 MAY -5 AM ID: 39

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

IVISION OF CORPORATIONS

DOCUMENT #

P97000015328

1. Corporation Name

## FLORIDA'S FRENCH BROADCASTING NETWORK, INC.

Mailing Address Principal Place of Business

2999 N.E. 1 SUITE 900 AVENTURA	91ST STREET FL 33160		Suite 900	2999 N.E. 191ST STREET SUITE 900 AVENTURA FL 33160								
If above addresses are incorrect in any way, line through incorrect information and enter correcti  New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable							05-17- 4. Date Incorp	<del>-1-</del> 1	90014 Qualified	016	\$150.00	
				Suite, Apt. #, etc.			To Do Business in Florida 02/17/1997  5. FEI Number Applied For					
City & State				City & State			65-0951970 Not Applicable 6. \$8.75 Additional Fee requires					
Zip Country			Zip				CERTIFICATE OF STATUS DESIRED				Certificate of Status	
7. Names Title(s)				Street			ddress of Each and/or Director			City / State / Zip		
PSTD	EDWARDS, GERALD			2999 N.E. 191ST STREET			AVENTURA FL 33160					
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Name and Address of Current Registered Agent						Name and Address of New Registered Agent     Name						
HOCHSZTEIN, FRED 2999 N.E. 191ST STREET						Street Address (P.O. Box Number is Not Acceptable)						
SUITE 900						Suite, Apt. #, Etc.						
AVENTURA FL 33160						City	1			State Zi	ip Code	
10. I, bein Signature o Registered	of (	e egistered agen	t of the above named co	G.RE	Cit	and accept time o	bligations of Sect		0505, F.S. Nov	.03	- 99	
						T)	1		•			

11. 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

Daytime Phone #

Pay 10+2

## FRED HOCHSZTEIN, P.A.

ATTORNEYS AT LAW

SUITE 300
1940 HARRISON STREET
HOLLYWOOD, FLORIDA 33020
(954) 922-4679
FAX (954) 924-6277

April 12, 2000

Division of Corporations Uniform Business Report Filings 409 East Gaines Street Tallahassee, Florida 32399 Via Federal Express

Re: Florida' French Broadcasting Network, Inc.

Dear Sirs:

At the suggestion of one of your representative's, I am writing to request that the reinstatement fee be waived in this case.

I had timely filed the 1999 annual Report with the correct annual fee. In checking the status of the corporation in October I learned that the corporation had been administratively dissolved. When I called for an explanation I was told that the Report had been timely filed and the check or payment had been received and cashed but the FEI Number had been omitted from the form. The Division of Corporations sent out a notice seeking the correction but you sent it to the old address from the previous years report, not my new address as stated on the 1999 report. (I had moved my law office in the interim.) As a result the notice was returned, I never received notice, and I never made the correction by supplying the FEI Number

I have enclosed an Application for Reinstatement which provides the FEI Number. I have also enclosed the \$150.00 fee for 2000

Based on the foregoing, I respectfully request that you reinstate this corporation and waive the reinstatement fee. Thank you for consideration.

Truly You

Fred Hochsztein

**Enclosures**