PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P97000058643

FILED
99 NOV -9 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 Corporation Name

POP MEDIA GROUP, INC.

Principal Place of Business | Mailing Address

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

**REINSTATEMENT** 9899

| 2 New Principal Office Address, If Applicable | 3 New Mailing Office Address, If Applicable |
|---|---|
| 220 MIRACLE MILE | SAME |
| Suite, Apt. #, etc.: 203 | Suite, Apt. #, etc. |
| City & State: CORAL GABLES, FL | City & State |
| Zip: 33134 Country: USA | Zip / Country |

4. Date Incorporated or Qualified To Do Business in Florida: JULY 7, 1997

5. FEI Number: 65-0770408 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

SP

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 | CARLOS PONCE | c/o ALEXANDER SUEIRO 220 MIRACLE MILE SUITE 203 | CORAL GABLES, FL 33134 |
| VP | " " | " " | " " |
| SEC | " " | " " | " " |
| TREAS | ALEXANDER SUEIRO, CPA | " " | " " |

400003053384--4
-11/23/99--01089--013
****300.00 ****300.00

| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| JOSE L BALOYRA, ESQ.<br>GARCIA & BALOYRA<br>1101 BRICKELL AVE<br>SOUTH TOWER, SUITE 702<br>MIAMI, FL 33131 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, Etc.<br>City / State: FL / Zip Code |

CR2E081 (12/98)

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: J. Baloyra REGISTERED AGENT MUST SIGN Date: 11/8/99

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:** Alexander Sueiro ALEXANDER SUEIRO 11/5/99 305-567-0450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #