

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 18 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000072895

1. Corporation Name

T.V.O. BROADCASTING AND AMUSEMENT, CORP.

Principal Place of Business

Mailing Address

8322 NW 56TH STREET, SUITE #234
MIAMI FL 33166

8322 NW 56TH STREET, SUITE #234
MIAMI FL 33166

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

1125 W 29 ST.
Suite, Apt. #, etc.

1125 W 29 ST.
Suite, Apt. #, etc.

City & State
Hialeah, FL

City & State
Hialeah, FL

Zip Country
33010 USA

Zip Country
33010 U.S.A.

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

08/22/1997

5. FEI Number

65-0778546

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 3	City / State / Zip 4
P	OTANO, TOMAS V	8322 NW 56TH STREET, SUITE #203	MIAMI FL 33166
V	MACIAS, MARIANELA J	CALLE GAMELO, URB. LAS ESMERALDA	MIRANDA, VENEZUELA

500024774665
11/18/03--01018--009 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OTANO, TOMAS V
8321 NW 7 ST.
SUITE #203
MIAMI FL 33126

New Address
1125 W 29 ST
Hialeah, FL 33010

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/16/03

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

Date

11/16/03

Daytime Phone #

CR2E040 (7/03)