

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 20 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000078777**

1. Corporation Name

IBERO-AMERICAN MEDIA MANAGEMENT, INC.

Principal Place of Business

Mailing Address

404 WASHINGTON AVE 9TH FLOOR
MIAMI BEACH FL 33139

404 WASHINGTON AVE 9TH FLOOR
MIAMI BEACH FL 33139

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

Suite, Apt. #, etc. **8th Floor**

Suite, Apt. #, etc. **8th Floor**

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/1998

5. FEI Number

65-0873432

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ARZTOY, AMAYA	C/O 404 WASHINGTON AVE 9TH FL	MIAMI BEACH FL 33139
D	BARDASANO, CARLOS	C/O 404 WASHINGTON AVE 9TH FL	MIAMI BEACH FL 33139
D	FORWOOD, WALTER C	C/O 404 WASHINGTON AVE 9TH FL	MIAMI BEACH FL 33139
D	MOODY, BENJAMIN A- S	C/O 404 WASHINGTON AVE 9TH FL	MIAMI BEACH FL 33139
	(SEE ATTACHMENT)		

300003031813--0
-11/02/99--01020--025
****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

Signature of
Registered Agent

Barbara A. Burke **REQUIRED**

Date **10/18/99**

REGISTERED AGENT MUST SIGN

BARBARA A. BURKE

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:

Amaya Arztoy

AMAYA ARZTOY Director

10/14/99

Date

(305) 894.3577

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KE

CR2040 (8/98)

2

ATTACHMENT (Section 7)

Names and Addresses of Each Officer and/or Director

Title(s)	Name of Officers and/or Directors	Street Address of Each Office and/or Director	City/State/Zip
D/S	ARIZTOY, AMAYA	C/O 404 WASHINGTON AVENUE, 8 TH FLOOR	MIAMI BEACH, FL 33139
D/P	BARDASANO, CARLOS	C/O 404 WASHINGTON AVENUE, 8 TH FLOOR	MIAMI BEACH, FL 33139
D/V	FORWOOD, WALTER C	C/O 404 WASHINGTON AVENUE, 8 TH FLOOR	MIAMI BEACH, FL 33139
D/V	MOODY, BENJAMIN S.A.	C/O 404 WASHINGTON AVENUE, 8 TH FLOOR	MIAMI BEACH, FL 33139
T	GARCIA, RICHARD	C/O 404 WASHINGTON AVENUE, 8 TH FLOOR	MIAMI BEACH, FL 33139