PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 NOV -9 PM 2:35

DOCUMENT # P98000085391

1. Corporation Name
Latino Media Corporation

7573 NW 1st Street
P.O. Box 50580

200042573492
11/09/04--01014--003 **300.00
REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
7573 NW 1st Street	P.O. Box 50580
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lehigh Acres, FL	City & State: Fort Myers, FL
Zip: 33972 / Country: USA	Zip: 33905 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 10/06/1998

5. FEI Number 65-0866664 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Carta, Steven

Street Address (P.O. Box Number is Not Acceptable): 1619 Jackson St.

Suite, Apt. #, Etc.

City: Fort Myers | State: FL | Zip Code: 33901

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Ramos, Angel	4906 Garcia Avenue	Fort Myers, FL 33905
D	Rios, Rosaura	129 Gibson St.	Fort Myers, FL 33905

10. 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: _____ 10/20/04 239-369-0344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

11/16