

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Matthew J. Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR 14 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000090346

1. Corporation Name

LATIN BROADCASTING SYSTEM CORPORATION

2. Principal Office Address

100 N.E. 15TH STREET

Suite, Apt. #, etc.

SUITE 206

City & State

HOMESTEAD, FLORIDA

Zip

33030

Country

USA

3. Mailing Office Address

P.O. Box 557248

Suite, Apt. #, etc.

—

City & State

MIAMI, FLORIDA

Zip

33255

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida

10.23.1998

5. FEI Number

65-0872613

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

OSCAR ROJAS

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

100 N.E. 15TH STREET

Suite, Apt. #, Etc.

SUITE 206.

City

HOMESTEAD

State

FL

Zip Code

33030

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

REGISTERED AGENT MUST SIGN

Date

APRIL 7, 2000

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

P/T ROSIE LOERA

100 N.E. 15TH STREET
SUITE 206

HOMESTEAD, FL 33030

V/S OSCAR ROJAS

100 N.E. 15TH STREET
SUITE 206.

HOMESTEAD, FL 33030.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

APRIL 7, 2000 305.798.3701

Daytime Phone #

CR2E081 (9/99)

LAW OFFICES OF
LEAL & YANEZ
A PROFESSIONAL ASSOCIATION

08292

Leandro O. Leal
Jose A. Yanez

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Miami, Florida 33145

Of counsel
William C. Ruggiero
Florida Bar Board Certified
Civil Trial Lawyer

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E-Mail: LealYanez@aol.com

April 04, 2000

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: **LATIN BROADCASTING SYSTEM CORPORATION**
Reinstatement and Late Fee Waiver

Dear Sir or Madam:

The purpose of this correspondence is to formally request that the late fee of \$900.00 be waived with regards to the above captioned corporation and instead accept \$300.00 to satisfy your reinstatement fee. Please be advised that the annual report forms were mailed to the corporation's old address and therefore the officers/directors did not receive or complete them. Accordingly, I have enclosed a fully executed Corporation Reinstatement form, which reflects the new address and registered agent of the corporation.

If you should have any questions or require further information, please feel free to contact this office. Again, thank you for your prompt attention in the resolution of this matter. I remain,

Very truly yours,


Jose A. Yanez
For the Firm

Enclosures