

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV -3 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000100966

1. Corporation Name

EL HIT PARADE DE AMERICA, INC.

Principal Place of Business

Mailing Address

11471 SW 28 Terrace
Miami, FL 33165

11471 SW. 28 Te.
Miami, FL 33165

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

REINSTATEMENT

99@

2. New Principal Office Address, If Applicable 6800 SW. 40 Street Suite, Apt. #, etc. # 321 City & State Miami, FL Zip 33155 Country USA		3. New Mailing Office Address, If Applicable 6800 SW. 40 Street Suite, Apt. #, etc. # 321 City & State Miami, FL Zip 33155 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 12-04-98	
				5. FEI Number 65-0880437	
				Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P, D	Javier Romero	6800 SW. 40 Street, # 321	Miami, FL 33155
VP, D	Salvador Campos	6800 S.W. 40 St., # 321	Miami, FL 33155
S, D	Alejandra I. Carasa	6800 SW. 40 St. # 321	Miami, FL 33155
T, D	Jaime J. Almirall	6800 SW. 40 St. # 321	Miami, FL 33155
			500003038905--5 -11/03/99-01009-007 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

Gabriel Prats
2121 Ponce de Leon Blvd. #240
Coral Gables, FL 33134

9. Name and Address of New Registered Agent

Name
Gabriel Prats
Street Address (P.O. Box Number is Not Acceptable)
2121 Ponce de Leon Blvd.
Suite, Apt. #, Etc.
240
City
Coral Gables State
FL Zip Code
33134

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/27/99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/99

Date

305-554-2486

Daytime Phone #

CR20640 (12/96)