

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # V45333

1. Corporation Name

CABRERA BROADCAST CORPORATION

Principal Place of Business

Mailing Address

**1000 South Harbour Island Boulevard
Penthouse 2612
Tampa, Florida 33602**

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

4. Date Incorporated or Qualified
To Do Business in Florida

6/19/92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3129768

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---------------|---|--|--|
| Pres. | Hilda Cabrera Rodriguez | #2612 1000 South Harbour Is. Bl. | Tampa, FL 33602 |
| Vice Pres. | Sonny Bloch | same as above | " 300002309433--4 -10/01/97--01114--004 |
| Trea. | Sonny Bloch | " | " *****8.75 *****8.75 300002309433--4 -10/01/97--01114--005 ***1080.00 ***1080.00 |
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| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

| | |
|--|--|
| Hilda Cabrera Rodriguez 1000 South Harbour Is. Blvd. #2612 Tampa, FL 33602 | Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State 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

Hilda Cabrera Rodriguez
REGISTERED AGENT MUST SIGN

Date

9/26/97

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:

Hilda Cabrera Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 884-5422 msg.

Date

Daytime Phone #

REINSTATEMENT 95-97

FILED
97 SEP 30 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2040 (12/96)