

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 SEP -2 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JJ
9.8.09

DOCUMENT # PO1000076358

1. Corporation Name
GTV Networks, Inc

100160076591
08/28/09--01001--024 **458.75
CR2E081 (12/08)

REINSTATEMENT

2. Principal Office Address - No P.O. Box #
102 NE 2nd St

3. Mailing Office Address
Same

Suite, Apt. #, etc.
#258

Suite, Apt. #, etc.

City & State
Boca Raton FL

City & State

Zip Country
33432 USA

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
7/31/01

5. FEI Number
65-1126837

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
Joshua Gerstin, Esq
Street Address (P.O. Box Number is Not Acceptable)
1515 N. Federal Highway
Suite, Apt. #, Etc.
300
City
Boca Raton State FL Zip Code 33432

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 8-25-09

REGISTERED AGENT MUST SIGN

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
PSTD	David Winter	102 NE 2nd St #258	Boca Raton FL 33432

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 contained in Chapter 119, 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: David Winter David Winter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-25-09 561-716-3532
Date Daytime Phone #