PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB -9 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000047262

1. Corporation Name

GLOBAL MEDIA NET, INC.

Principal Place of Business	Mailing Address
801 BRICKELL AVE SUITE 900 MIAMI FL 33131	801 BRICKELL AVE SUITE 900 MIAMI FL 33131

09-29-03 01099 005 $1 150.00

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/29/2002

5. FEI Number: 75-3057712 ☐ Applied For ☐ Not Applicable

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 3	City / State / Zip 4
D	GOMEZ, MONICA LUCIA	801 BRICKELL AVE SUITE 900	MIAMI FL 33131
D	BRYSON, DAVID G	801 BRICKELL AVE SUITE 900	MIAMI FL 33131

REINSTATEMENT

800023405548
02/13/04--01023--011 **150.00

8. Name and Address of Current Registered Agent

RODRIGUEZ, JOSE A ESQ
JOSE A RODRIGUEZ PA
150 ALHAMBRA CIRCLE SUTIE 1270
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name: 800023405548
Street Address (P.O. Box Number is Not Acceptable):
Suite, Apt. #, Etc.:
City: State: FL 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. or 617.0505, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director of the reporter 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: MONICA LUCIA GOMEZ 1/15/04 1/17/04

MONICA LUCIA GOMEZ