

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -7 AM 8:00

DOCUMENT # P02000084038

1. Corporation Name

PUMP MEDIA INC

2373 N.W., 64TH STREET
2373 N.W., 64TH STREET

2. Principal Office Address

2373 N.W., 64TH STREET

Suite, Apt. #, etc.

3. Mailing Office Address

2373 N.W., 64TH STREET

Suite, Apt. #, etc.

City & State

BOCA RATON, FL.

City & State

BOCA RATON, FL.

Zip

33496

Country

U.S.A.

Zip

33496

Country

U.S.A.

4. Date Incorporated or Qualified

To Do Business in Florida 08/02/2002

5. FEI Number

76-0707173

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04
MRD

7. Name and Address of Current Registered Agent

Name

SYED MUSA RAZA

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

2373 N.W., 64TH STREET

Suite, Apt. #, Etc.

City

BOCA RATON

State
FL

Zip Code
33496

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 11/30/2004

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
PD	SYED MUSA RAZA	2373 N.W., 64 TH STREET	BOCA RATON, FL. 33496
VD	HELAIN SCHONBERGER	6608 N.W., 27TH AVENUE	BOCA RATON, FL. 33496

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

11/30/2004

Date

561-241-6118

Daytime Phone #

CR2001 (01/04)

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PUMP MEDIA INC.
2373 N.W., 64TH STREET
BOCA RATON, FLORIDA 33496

November 30, 2004

Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Ref.: Doc # P02000084038
PUMP MEDIA INC

Dear Sir/Madam,

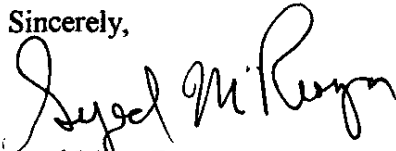
Enclosed please find Corporation Reinstatement form for the above corporation, As our address was change we did not received the Annual Report for 2004. Enclosed also find a pre-printed Annual Report for 2004. A check of \$ 150.00 is enclosed as renewal fees for 2004

As this is our first time being late kindly, please waive the penalty to reinstate my corporation.

I sincerely apologize for any inconvenience caused to you, and hope to reinstate this corporation as soon as possible.

Thank you,

Sincerely,



Syed Musa Raza
President