

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 JUL 21 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 05000044989

1. Corporation Name

XLNT MEDIAS INC

2. Principal Office Address - No P.O. Box #

20 SW. 8th Street

Suite, Apt. #, etc.

Suite 1920

City & State

Miami FL

Zip

33130

Country

USA

3. Mailing Office Address

1602 Alton rd.

Suite, Apt. #, etc.

77

City & State

Miami Beach FL

Zip

33139

Country

USA

200138225302
07/21/08--01053--027 ***450.00
REINSTATEMENTS

4. Date Incorporated or Qualified To Do Business in Florida

03/25-2005

5. FEI Number

43-2073407

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

Gustavo Perez

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

407 LINCOLN RD.

Suite, Apt. #, Etc.

706

City

MIAMI BEACH

State

FL

Zip Code

33139

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date June 26/08

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
P.	<u>Giancarlo Galliani</u>	<u>13789 SW. 66th #F177</u>	<u>Miami FL 33183</u>
V.P	<u>Patrice LePaulmier</u>	<u>1756 Bayshore drive</u>	<u>MIAMI FL 33132</u>
S.	<u>Gustavo Perez</u>	<u>407 Lincoln rd. # 706</u>	<u>MIAMI BEACH FL 33139</u>
T.	<u>CYRIL Eskenazi</u>	<u>1155 Brickell Bay drive</u>	<u>Miami FL 33131</u>

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:

[Handwritten Signature]

GIANCARLO GALLIANI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 26/08

Date

786-261-8278

Daytime Phone #