

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

FILED

02 SEP 17 AM 8:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P00000069334

**1. Corporation Name**

Over Exposure Media, Inc.

**2. Principal Office Address**

1521 Lenox Avenue

Suite, Apt. #, etc.

# 101

City & State

Miami Beach, FL

Zip

Country

33139

U.S.

**3. Mailing Office Address**

1521 Lenox Avenue

Suite, Apt. #, etc.

# 101

City & State

Miami Beach, FL

Zip

Country

33139

U.S.

**REINSTATEMENT**

01-02

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

65-1026708

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

David Tunnell

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

1521 Lenox Avenue

Suite, Apt. #, Etc.

# 101

City

Miami Beach

State  
**FL**

Zip Code

33139

600007853646-7

09/15/02-01082-006

\*\*\*\*900.00 \*\*\*\*900.00

**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

9/12/02

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P, S, T	David Tunnell	1521 Lenox Avenue #101	Miami Beach, FL 33139

**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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/12/02

Daytime Phone #

305-764-8195

CR2001 (9/00)