

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

03 DEC 23 AM 8:00

DOCUMENT # P00000069334

1. Corporation Name

Over Exposure Media, Inc.

**REINSTATEMENT** 03

300025733323  
12/23/03--01051--013 \*\*150.00

2. Principal Office Address

7030 Biscayne Blvd.

Suite, Apt. #, etc.

n/a

City & State

Miami, FL

Zip

33138

Country

USA

3. Mailing Office Address

7030 Biscayne Blvd.

Suite, Apt. #, etc.

n/a

City & State

Miami, FL

Zip

33138

Country

USA

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

Carlos E. Garcia

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

4995 NW 72nd Avenue

Suite, Apt. #, Etc.

206

City

Miami

State

FL

Zip Code

33166

MRS

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 12 15 03

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
P, S, T	David Tunnell	7030 Biscayne Blvd.	Miami, FL- 33138

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

12/12/03

Date

786-287-2522

Daytime Phone #