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 MAY 14 PM 3:51

DOCUMENT # P00000094526

REINSTATEMENT 03-04

700036478917
05/14/04--01054--002 **308.75

1. Corporation Name
PASKIEWICZ MEDIA GROUP INC

2. Principal Office Address	3. Mailing Office Address
789-JORDAN AVE	789 JORDAN AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SEBASTIAN Florida	City & State: SEBASTIAN Florida
Zip: 32958 Country: USA	Zip: 32958 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: ~~SEP 99~~ OCT 6 2000

5. FEI Number: 65-1045520 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MARK A PASKIEWICZ

Street Address (P.O. Box Number is Not Acceptable): 789-JORDAN ~~ST~~ AVE

Suite, Apt. #, Etc.:

City: SEBASTIAN State: FL Zip Code: 32958

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: 5-11-04

REGISTERED AGENT MUST SIGN

CR2E091 (01/04)

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
PRES	MARK A PASKIEWICZ	789-JORDAN AVE	SEBASTIAN FL. 32958

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.

772-480-0477

SIGNATURE: _____ 5-11-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

To whom this may concern
I am sending $300.00 + $8.75 to
pay for my reinstatement of
my corporate status, I never
recieved any forms or paper
work to do so, I do have
a new address from previous
address, as shown on attached
form, total $300.00 for reinstatment
$8.75 for certificate of status.

Please send back to me
in attached priority mail
I have paid for postage!

Thank you

Mark A Paskiewicz