

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P00000096348**

1. Corporation Name

MAVEN MEDIA, INC.

Principal Place of Business

**3370 PINEWALK DRIVE N
APT. 1211
MARGATE FL 33063**

Mailing Address

**3370 PINEWALK DRIVE N
APT. 1211
MARGATE FL 33063**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/2000

5. FEI Number **65-1050339**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SHAKY, ZYON	3370 PINEWALK DRIVE N #1211	MARGATE FL 33063
			800004706188--4 -12/05/01--01059--009 *****8.75 *****8.75
			800004706188--4 -12/05/01--01059--010 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

**SHAKY, ZYON
3370 PINEWALK DRIVE N
APT. 1211
MARGATE FL 33063**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

Nov. 14, 2001

11. 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

Date

Daytime Phone #

Nov. 14, 2001 **(954) 263-8999**

Maven Media, Inc.

3370 Pinewalk Dr. N. #1211
Margate, FL 33063-9335

Dear Florida Department of State,

I'm sending this letter in reference to the "Notice of Administrative Dissolution or Revocation". Maven Media, Inc. has been sitting dormant for the past year preparing for an opening launch of business. Our corporate offices have been moved from 7771 W. Oakland Park Blvd, Suite 122, Sunrise FL 33351 to the present address above.

Perhaps that is why we haven't received any "State Information or Monetary" requests until recently. We are open for business and our tax return will reflect our "profit and losses". We ask that you pardon this "Notice of Administrative Dissolution" in good faith since we never received any type of information to reflect appropriate payments to the State of Florida.

I called the number provided in the packet and spoke to a helpful employee that suggested I send this letter to you and enclose a check for \$150.00 to reinstate our Corporation in good standing with the state.

Please advise me to the status of this Corporation if possible. I appreciate your time and effort.... God bless America!

Ziyon Z. Shaky



President