PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT		Secreta	RTMENT OF STATE ry of State corponations	1	¢	F1L E): 5 5
DOCUMENT # P000004348 1. Corporation Name							SECRETAR: TALLAHASSEI	o. 57/ E. FLOI	NTE RIDA
MAVEN Medin, INC.									
2. Principal Office Address 3.32 / Celeb/p-liby 4. 332/ Suite, Apt. #, etc. Suite, Apt. #,				ess brasian en.	REIN	IST.	ATEMEN		13-64
Suite, Apt. #, etc.			Suite, Apr. #, etc.		4. Date Incomp	orated or (Qualified		
City & State City & State			City & State	5. FEI Nur		Business in Florida /0 /12 /2 00 // Applied For			
margate, FC MAR			MARGAT	Country	65-10		739		Applicable
3306	3 Cour	1.5.12	33063	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent									
Name Light Shile! Street Address (P.O. Box Number is Not Acceptable) 3321 CC/C/C/DYSIUN!, LANC Suite, Apt. #, Etc. 4/4 City MAYG DISC State FL 33063									
8. 1, 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. Names and Street Addressee 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			
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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 filling 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: A.W.U.F. 16, 2004 263-8999									
SIGNATURE: SIGNATURE AND TYPED ON PRINTED MARIE OF SIGNING OFFICER OR DIRECTOR DESCRIPTION DATE DAYLING Phone #									

3321 Celebration Lane Margate, FL 33063



Maven Media, Inc.

3321 Celebration Lane, Margate, FL 33063

August 16, 2004

Florida Department of State Division of Corporations

Dear Sir or Madam:

I'm sending the required money enclosed with this letter to reinstate my Corporation in accordance with the laws governed by our state. I spoke to a counselor who informed me that I needed to send this money right away and inform your Department why I haven't sent the money in a timely matter.

The money sent with this letter is for the years: 2003 and 2004. I moved my company in 2003 and sent an address change to your department. Perhaps that is the reason that I haven't received any type of notice. I will admit that I was wrong to not follow-up but I went through a troubled couple of years watching my beloved Father die a slow death with cancer. I was recently informed of my status when I was looking around at new office space.

I'm hoping you can empathize with my position and waive the additional charges. If not, I will be more than happy to comply with your department in a just manner.

I thank you for your time and God bless you all.

Sincerely,

Ziyon James Shaky

President