

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000109761			
1. Corporation Name Tactile Media Group, Inc.			
2. Principal Office Address 6595 NW 36st Suite, Apt. #, etc. 115 City & State Miami Zip 33166		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	
4. Date incorporated or Qualified To Do Business in Florida 11/27/00		5. FEI Number 65-1058750	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Additional Fee required for a Certificate of Status \$8.75	
7. Name and Address of Current Registered Agent			
Name Orlando Alvarez			
Street Address (P.O. Box Number is Not Acceptable) 921 E 26st			
Suite, Apt. #, Etc.			
City Hialeah		State FL	
Zip Code 33013		108804695181-9 -11/27/01--01051-011 ***150.00 ***50.00	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.			
Signature of Registered Agent Orlando Alvarez		Date 10-30-01	
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
PD	Orlando Alvarez	921 E 26st	Hialeah, FL 33013
VD	Alejandro Martin	10600 NW 6 St	Pembroke Pines, FL 33026
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)(b), 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: Orlando Alvarez		Date 10-30-01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 305-869-9016	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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CR2001 (8/00)

**Tactile Media Group, Inc**

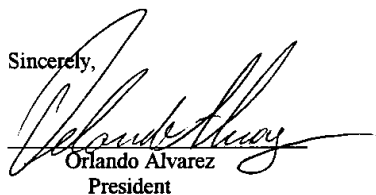
6595 NW 36ST Suite # 115 Miami, FL 33166  
Office ( 305 )869-9016 Fax ( 305 )869-9017

To Florida Department Of State:

This letter is to inform you that we never received the first or second letter of reminder for the UBR. Please take this in to consideration in reinstating our corporation.

At this time we are sending you the original payment due of \$ 150.00. If there is any questions Or concerns please don't hesitate to contact us.

Sincerely,



Orlando Alvarez  
President