

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000021905

1. Corporation Name

SUPER MEDIA BUY, INC.

2. Principal Office Address

717 PONCE DE LEON BLVD

3. Mailing Office Address

717 PONCE DE LEON BLVD

Suite, Apt. #, etc.

STE: 207

Suite, Apt. #, etc.

STE: 207

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

Zip

33134

Country

4. Date incorporated or Qualified
To Do Business in Florida

02-28-01

5. FEI Number

65-1098619

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

OBDULIA LEMUS

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

717 PONCE DE LEON BLVD

Suite, Apt. #, Etc.

STE: 207

City

CORAL GABLES

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date

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/D	OBDULIA LEMUS	717 PONCE DE LEON BLVD. # 207	CORAL GABLES, FL 33134

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 contained in Chapter 119, 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 #

FILED

2007 JAN 16 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Page 1 of 2

REINSTATEMENT 05-01

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SUPER MEDIA BUY, INC.

PAGE 202

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

AS PER OUR PHONE CONVERSATION I AM SENDING TO YOU THIS LETTER OF EXPLANATION AND THE UBR FORM ALONG WITH A CHECK TO PROPERLY UPDATE CORPORATION I FURTHER STATE THAT I DID NOT RECEIVE THE NOTICE FOR 2005 UBR FIRST NOR SECOND NOTICE. I WOULD LIKE TO RESOLVE THIS ISSUE, PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

PLEASE MAKE A NOTE OF OUR NEW ADDRESS

CORDIALLY,


OBDULIA LEMUS
PRESIDENT