PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

04 JAN 29 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0100009701 3

1. Corporation Name Everglades Media Inc.

REINSTATEMENT 02-04

2. Principal Office Address 3900 Woodlake Blvd.	**3.** Mailing Office Address 3900 Woodlake Blvd.
Suite, Apt. #, etc. Suite 211	Suite, Apt. #, etc. Suite 211
City & State Greenacres, FL	City & State Greenacres, FL
Zip 33463 Country USA	Zip 33463 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10/4/2001

5. FEI Number 65-1143764 | Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent

Name Richard Frohlich

Street Address (P.O. Box Number is Not Acceptable) 311 Knowles Ave. Suite 406

Suite, Apt. #, Etc. Suite 406

City Orlando | State FL | Zip Code 32789

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01/28/04--01058--020   **10058.75
$10 58.75

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 K. Froh REGISTERED AGENT MUST SIGN Date JAN 25, 2004

CR2E081 (10/02)

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
President	John Hambrick	3900 Woodlake Blvd. Suite 211	Greenacres, FL 33463

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.

SIGNATURE JOHN HAMBRICK 1/27/04 954 817-0491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #