


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P 020000 27984**

1. Corporation Name

PIXEL 8 MEDIA LAB

2. Principal Office Address

10201 NW 21 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33172

Country

US

3. Mailing Office Address

10201 NW 21 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33172

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

3/14/02

5. FEI Number

043618892

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

OSCAR SARDINAS

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

10201 NW 21 ST

Suite, Apt. #, Etc.

MIAMI FL

City

State

FL

Zip Code

33172

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

X [Signature]

REGISTERED AGENT MUST SIGN

Date **5/17/06**

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
PSD	SARDINAS Oscar L	10201 NW 21 ST	Miami, FL 33172
V	SARDINAS, JADIER	10201 NW 21 ST	MIAMI FL 33172
TD	TOURAL, JAMES	10201 NW 21 ST	MIAMI FL 33172

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

JAMES TOURAL (TD)

Date

4/28/06

Daytime Phone #

305-591-1616