

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR -2 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PO2000036137
Axis Interactive media, INC

2. Principal Office Address

1239 E. Newport Center dr.
Suite, Apt. #, etc.

Suite 113

City & State

Deerfield Beach, FL

Zip

33442

Country

3. Mailing Office Address

4000 N 49th Ave

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33021

Country

Broward

REINSTATEMENT

03-01-04 01042 007 758.70

4. Date Incorporated or Qualified
To Do Business in Florida

4-3-02

5. FEI Number

02-0597401

☒ 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

Brian Weiss

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

4000 N 49th Ave

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

100029958421

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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

Bj Weiss

Date 3-2-04

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
P	Brian Weiss	271 West 47th St #52F	New York / NY / 10036
VP	Ido Meros	4000 N 49th Ave	Hollywood / FL / 33021

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-04

Date

9546050003

Daytime Phone #

CR2E081 (01/04)