PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC -4 AM 9:45

DOCUMENT # P02000058674

REINSTATEMENT 03

10/23/03 01084 025 150.00

1. Corporation Name
Cultura Magazine Inc.

2. Principal Office Address	3. Mailing Office Address
14430 SW 42nd Terrace Rd.	14430 SW 42nd Terrace Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala, FL	City & State: Ocala, FL
Zip: 34473 Country: USA	Zip: 34473 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number: 010712067 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Jeffry Montalvo

Street Address (P.O. Box Number is Not Acceptable): 14430 SW 42nd Terrace Rd.

Suite, Apt. #, Etc.

City: Ocala State: FL Zip Code: 34473

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: Jeffry Montalvo Date: 12/04/03
REGISTERED AGENT MUST SIGN

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
DIR	Jeffry Montalvo	14430 SW 42nd Terrace Rd	Ocala, FL 34473

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: Jeffry Montalvo - Jeffry Montalvo 12/04/03 239-247-2044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #