

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

04 DEC 16 AM 8:00

**REINSTATEMENT** 83-04

DOCUMENT # P02000072562

**1. Corporation Name**

Digital media Graphix, inc

300043469433  
12/16/04--01063--008 \*\*308.75

**2. Principal Office Address**

2401 Collins ave

Suite, Apt. #, etc.

1711

City & State

Miami Beach, FL

Zip

33140

Country

U.S.A.

**3. Mailing Office Address**

2401 Collins ave

Suite, Apt. #, etc.

1711

City & State

Miami Beach, FL

Zip

33140

Country

U.S.A.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

July 02, 2002

**5. FEI Number**

01-0740604

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

Mohamad EL Charif

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

2401 Collins ave

Suite, Apt. #, Etc.

apt 1711

City

Miami Beach

State

FL

Zip Code

33140

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 12/13/2004

**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	Mohamad EL Charif	2401 Collins ave apt 1711	Miami Beach, FL, 33140

**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:**

*Mohamad EL Charif*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/13/04  
Date

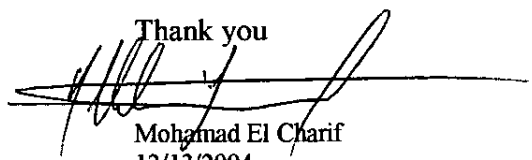
(954) 579 2266  
Daytime Phone #

2082

Department of State,  
Division of Corporation:

As per our phone conversation, please waive my late fees for 2003 as I did not receive any notices in that regard.

Thank you



Mohamad El Charif  
12/13/2004