## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	/เริ่าดีพี่ อีร์ Corporation
		04 MAR 19 AM 8:57
DOCUMENT # PO200  1. Corporation Name	0108986	
NAT Madia, INC	•	
		REINSTATEMENT 03-09
2. Principal Office Address 2624 W. 6457	3. Mailing Office Address	800030064448 4705/0401008017 **150.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City & State	City & State	To Do Business in Florida
Zip Country	Zip Country	5. FEI Number — Applied For— Not Applicable
33016 DADE_	Country	6. CERTIFICATE OF STATUS DESIREO  \$8.75 Additional Fee required for a Certificate of Status
Name	7. Name and Address of Current Registe	ered Agent
Signature of Registered Agent	above named corporation, am familiar with and accept the REGISTERED AGENT MUST SIGN	CAZE Date
- Titles Name of	and/or Director (Florida nonprofit corporations must list at  Street Address of Ea	ch City/ State / 7in
Pl. George Barnelo	ors Officer and/or Direct	
SID NANCY BAROELO	2737-W-74TH-TE	er HIA loan - FL 33016
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this reinstatement application, the reason for owed by the corporation have been paid and on this application is true and accurate, and in SIGNATURE:	dissolution has been eliminated, the corporate name satisfic	s provided for in chapter 607 or 617, F.S. I further certify that when filing es the requirements of section 607.0401 or 617.0401, F.S., that all fees or an exemption under section 119.07(3)(i), F.S. The information indicated der oath.