


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Glenda E. Hood</b> Secretary of State DIVISION OF CORPORATIONS

<b>DOCUMENT #</b>	<b>P02000120824</b>
Corporation Name <b>S MEDIA CORP.</b>	

Principal Place of Business <b>1838 NE 30TH PL AVENTURA FL 33160</b>	Mailing Address <b>18380 NE 30TH PL AVENTURA FL 33160</b>
---	--

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**  
**04 APR -5 PM 3:17**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

  
**REINSTATEMENT 03-04**

4. Date Incorporated or Qualified To Do Business in Florida <b>11/12/2002</b>	
5. FEI Number <b>51-0435282</b>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	OZTURK, ATILA	18380 NE 30TH PL	AVENTURA FL 33160
D	GOMBOS, MONIKA	18380 NE 30TH PL	AVENTURA FL 33160

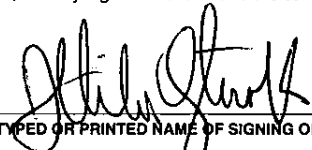
**800031808278**  
**04/05/04--01016--023 \*\*900.00**

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>OZTURK, ATILA 18380 NE 30TH PL AVENTURA FL 33160</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b>

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent \_\_\_\_\_ Date \_\_\_\_\_  
**REGISTERED AGENT MUST SIGN**

11. 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:**  **3.30.04** **305-466-3301**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED40 (7/03)