PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. P99P152

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN - 1 AM 8:00

DOCUMENT # P02000129241

1. Corporation Name
Total media unLimited Inc.

REINSTATEMENT 03-06

2. Principal Office Address	**3.** Mailing Office Address
2731 Citron DR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Longwood, FL	
Zip / Country	Zip / Country
32779 / USA	

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 56-2306823 ☐ 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
Michelle Duarte

Street Address (P.O. Box Number is Not Acceptable)
2731 Citron DR

500029964325
03/05/04--01068--013 **300.00

Suite, Apt. #, Etc.
Longwood

City: Longwood | State: FL | Zip Code: 32779

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 Michelle Duarte Date 2/2/04
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
Pres.	Michelle Duarte	2731 Citron DR	Longwood, FL 32779
V. Pres	Joseph Duarte	2731 Citron DR	Longwood, FL 32779
Tres.	Haydee Plannabal	2731 Citron DR	Longwood, FL 32779
Sec	Carmen Vargas	330 Shadowbay	Longwood, FL 32779
Dir.	David Vargas	330 Shadowbay	Longwood, FL 32779

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: Michelle Duarte 2/2/04 407-389-0996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2 of 2

5/21/04

Total media Unlimited
2731 citron DR
Longwood, FL 32779
(407) 389-0996

Ref # P02000129411

To whom it may Concern:

This is the second letter we have sent.

We did not Recieve any of the UBR's for 2003. The orginal for second notice. We are asking for the reinstatement fee to be waived. Thank you,

Sincerely,
Michelle Duarte
President