PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

							FILED 06 APR 28 AM 7: 56				
CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State								
KEIN	S IAI EIVII		DIVIS	SION OF CO	PORATIONS						
DOCL	JMENT	# P030000	29093			TALL	LIANY OF STATE	A			
1. Corporation Name GRACIE		MEDIA, INC.			5						
,	Office Addres	ss deral Hwy	3. Mailing Office Address 2436 N. Federal Hwy			reinis	STATEMEN		7-(2		
Suite, Apt. # #291	t, etc.		Suite, Apt. #, etc. # 2 9 1			4. Date Incorp	porated or Qualified	- (
City & State Light		Point, FL	City & State Lighthouse Point, FL			FL	5. FEI Number Applied For 86-1052094 Not Applied be				
^{Zip} 33064	Country USA		^{Zip} 33064		Country USA		6.	\$8.7	Not a 5 Additional For a Certificate		
7. Name and Address of Current Registered Agent											
	Name James R. Merola, Esq.										
	Street Address (P.O. Box Number is Not Acceptable) 11380 Prosperity Farms Road									•	
	Suite, Apt. #, Etc.							100074343261 05/10/0601026016 **45 0 00			
	Suite #204 City Palm Beach Gardens						State Zip Code FL 33410				
8. I. being	L			ration, am fa	amiliar with and acc	ept the o	bligations of section	on 607.0505 or 617.0503, F.S.			
Signature of Registered	. <i>[[</i>	~ Menh	GISTERED AG					Date <u> </u>	,		
9. Names	and Street Ad	dresses of Each Officer and	or Director (Flo	rida nonprof	fit corporations mus	t list at le	ast 3 directors)			\dashv	
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State	e / Zip		
PD	Anne Coryat			2051 NE 25th Street			eet	Lighthouse Point 33564			
VD	Ellen Coryat			957 Banyan Street			t	Delray Beach	ı, FL	33484	
SD	Brian Coryat			2051 NE 25th Street			eet	Lighthouse Point, FL			
			•						3	3064	
				· <u> </u>							
this rei	nstatement ap by the corporat application is	plication, the reason for disse	olution has beer names of individ	n eliminated, luals tisted o ave the same	the corporate name in this form do not q	e satisfies ualify for lade unde	s the requirements an exemption cor ar oath.	I apter 607 or 617, F.S. I further of sof section 607.0401 or 617.04 ntained in Chapter 119, F.S. Th	01, F.S., that	all fees indicated	
		NATURE AND TYPED OR PRI	NTER NAME OF						ime Phone #		