

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

09 JUN 11 PM 3:26

DOCUMENT # P03000043075

1. Corporation Name

COYOTE BEAUTIFUL MEDIA CORP.

2. Principal Office Address - No P.O. Box # 10624 Walnut Valley Dr		3. Mailing Office Address 10624 Walnut Valley Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Boynton Beach FL		City & State Boynton Beach FL	
Zip 33473	Country US	Zip 33473	Country US

7. Name and Address of Current Registered Agent

Name
MAXIMINO ACOSTA

Street Address (P.O. Box Number is Not Acceptable)
10624 Walnut Valley Dr

Suite, Apt. #, Etc.

City
Boynton Beach

State
FL Zip Code
33473

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

Maximino Acosta

REGISTERED AGENT MUST SIGN

Date 5/22/09

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
P	MAXIMINO ACOSTA	10624 Walnut Valley Dr	Boynton Beach FL 33473
			<i>B</i> <i>5/22/09</i>
	REINSTATEMENT <u>04-09</u>		

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 contained in Chapter 119, 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:

Maximino Acosta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/09

Date

Daytime Phone #