PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

• • • • • • • • • • • • • • • • • • • •	RPORATI				S	DEPART Secretary	of S				F 18		28	
DOCUMENT # P03000068185 1. Corporation Name										SECRETARY OF STATE TALLANDSSEE, FLORIDS				
MULTIMEDIOS PUBLICITARIOS C.A. INC										800165716168 01/11/1001002020 **450.00				
						Office Address OUTH BAYSHORE DR.					CR2E081	(11/09)		
Suite, Apt. #, etc. Suite, Apt. #														
STE 906 SUIT										 Date Incorp To Do Busin 	orated or Qualified ness in Florida 06/1	9/2003		
					COCONUT GR				5. FE! Number 205936627		r	0/2003	Applied For Not Applicable	
^{Zip} 33133	33 USA				^{Ζiρ} 33133		USA	•		6. CERTIFICATE OF STATUS DESIRED S8.75		\$8.75 Add for a Ce	itional Fee required	
7. Name and Address of Current Registered Agent														
Name JORGE L. GURIAN Street Address (P.O. Box Number is Not Acceptable) 2665 SOUTH BAYSHORE DR. Suite, Apt. #. Etc. STE 906 City COCONUT GROVE							State Zip Code FL 33133			☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.				
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob- Signature of Registered Agent REGISTERED AGENT MUST SIGN										Date 01/07/10				
9. Names	and Street Ad	dresses	of Each Offic	er and	or Director (Flo	rida nonpro	fit corpo	orations must list a	at lea	st 3 directors)				
Titles	Name of Officers and/or Directors					Street Address of Each Officer and/or Director					City / State / Zip			
D	GUY ACURERO					2665 SOUTH BAYSHORE DR. STE 906				R. STE 906	COCONUT	GROVE	, FL 33133	
D	MIGUEL ACURERO,					2665 SOUTH BAYSHORE DR. STE 906				R. STE 906	COCONUT	SROVE	, FL 33133	
D	ACUR	D, ANG	A	2665 SOUTH BAYSHORE DR. STE 90			R. STE 906	COCONUT	GROVE	, FL 33133				
***************************************	REINSTATEME						ENT CH					<u> </u>		
10. E-mail Address: JGURIAN@GURIANLAW.COM														
11 Certify	that I am an of	ficer or o	irector or the	receive	er or trustee em			for future annual re e this application a			pter 607 or 617, F.S. I f	urther certify	that when filing	
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 dissocition 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. [further certify, 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: GUY ACURERO 01/07/10 305-279-4												05-279-4101		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR											Date		Paytime Phone #	