

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS



FILED

2021 MAR 26 A 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P030000074849**
1. Corporation Name **ALLIANCE MEDIA, INC.**

2. Principal Office Address - No P.O. Box # **741 STIRLING RD**
Suite, Apt. #, etc.

3. Mailing Office Address **741 STIRLING RD**
Suite, Apt. #, etc.

City & State **DANIA BEACH, FL**

Zip **33004** Country **USA**

300364654553
04/22/21--01002--003 **750.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida **APPRX 1993**

5. FEI Number **65-1199912**
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 **ANTHONY FLORIO**
Street Address (P.O. Box Number is Not Acceptable) **741 STIRLING ROAD**
Suite, Apt. #, Etc.
City **DANIA BEACH** State **FL** Zip Code **33004**

Reinst. 17-21
(4/12/21)
DC

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 **Anthony Florio**
REGISTERED AGENT MUST SIGN

Date **March 22, 2021**

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, D	ANTHONY FLORIO	741 Stirling Rd	Dania Beach, FL 33004
D	Eric Jautze	741 Stirling Rd	Dania Beach, FL 33004
D	Arialdo P. Vivona	741 Stirling Rd	Dania Beach, FL 33004
	Arialdo		

10. E-mail Address: **info@ALLIANCEMEDIANETWORK.COM**
(To be used for future annual report notification)

954-802-8112

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., and that all fees owed by the corporation have been paid. I 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: **Anthony Florio**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/2021 954-802-8112

Date

Daytime Phone #