

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000102319																					
1. Entity Name JKL MEDIA, INC.																					
Principal Place of Business ATTN: SHAUL LEVI 11077 BISCAYNE BLVD., STE. 302 MIAMI, FL 33161			Mailing Address ATTN: SHAUL LEVI 11077 BISCAYNE BLVD., STE. 302 MIAMI, FL 33161																		
2. Principal Place of Business 11077 BISCAYNE Blvd Suite, Apt. #, etc. 302 City & State MIAMI, FL Zip 33161 Country		3. Mailing Address 11077 BISCAYNE Blvd Suite, Apt. #, etc. 302 City & State MIAMI, FL Zip 33161 Country		FILED 05 OCT 17 AM 9:32 SECRETARY OF STATE 																	
09272005 REIN-P CR2E098 (6/04)				4. FEI Number 20-0232902																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																	
6. Name and Address of Current Registered Agent LEVI, SHAUL 2525 N STATE RD-7 HOLLYWOOD FL, FL 33021			7. Name and Address of New Registered Agent Name LEVI SHAUL Street Address (P.O. Box Number is Not Acceptable) 11077 BISCAYNE Blvd Suite 302 City MIAMI FL Zip Code 33161																		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>[Signature]</i> DATE 10/8/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>																					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">TITLE</td> <td style="width: 50%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">TITLE</td> <td style="width: 50%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	Delete <input type="checkbox"/>																				
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																				
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">TITLE</td> <td style="width: 50%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">TITLE</td> <td style="width: 50%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	Delete <input type="checkbox"/>																				
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																				
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">TITLE</td> <td style="width: 50%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">TITLE</td> <td style="width: 50%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	Delete <input type="checkbox"/>																				
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																				
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">TITLE</td> <td style="width: 50%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">TITLE</td> <td style="width: 50%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	Delete <input type="checkbox"/>																				
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																				
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">TITLE</td> <td style="width: 50%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">TITLE</td> <td style="width: 50%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	Delete <input type="checkbox"/>																				
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																				
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																					
SIGNATURE: <i>[Signature]</i>																					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																					

- To inform my wife:

I did not received the prime notice for 2014

The address was incorrect.

Chris B.