

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P04000148988		
1. Corporation Name GLOBAL MEDIA VENTURES, INC.		
2. Principal Office Address - No P.O. Box # 600 GRAPE TREE DRIVE Suite, Apt. #, etc. SUITE 7CS City & State KEY BISCAVNE, FL Zip 33149 Country USA		3. Mailing Office Address 600 GRAPE TREE DRIVE Suite, Apt. #, etc. SUITE 7CS City & State KEY BISCAVNE, FL Zip 33149 Country USA
7. Name and Address of Current Registered Agent Name ENTERPRISE RESOURCE PLANNING, INC Street Address (P.O. Box Number is Not Acceptable) 10305 NW 41 STREET Suite, Apt. #, Etc. SUITE 219 City DORAL State FL Zip Code 33178		4. Date Incorporated or Qualified To Do Business in Florida OCTOBER 28, 2004 5. FEI Number 76-0771528 Applied For <input type="checkbox"/> Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
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  REGISTERED AGENT MUST SIGN Date JANUARY 03, 2012		Reinst. 2010-2013 DC 1/30 200243397392 01/07/13--01048--014 **1235.00
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
P/D	EDUARDO PIVA	600 GRAPE TREE DRIVE, SUITE 7CS
S/D	NOEMI C PIVA	600 GRAPE TREE DRIVE, SUITE 7CS
10. E-mail Address: EDDYPIVA@GMAIL.COM (To be used for future annual report notification)		
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:  EDUARDO PIVA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 01/03/2013 305-332-8597 Daytime Phone #