

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 JUL 21 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 805000044989

1. Corporation Name

XLNT MEDIAS INC

2. Principal Office Address - No P.O. Box #

80 SW. 8th Street

Suite, Apt. #, etc.

Suite 1920

City & State

Miami FL

Zip

33130

Country

USA

3. Mailing Office Address

1602 Alton Rd.

Suite, Apt. #, etc.

#77

City & State

Miami Beach FL

Zip

33139

Country

USA

200138225302

07/21/08--01053--027 ***450.00

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/25-2005

5. FEI Number

43-2073407

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

Gustavo Perez

Street Address (P.O. Box Number is Not Acceptable)

407 LINCOLN RD.

Suite, Apt. #, Etc.

#706

City

MIAMI BEACH

State

FL

Zip Code

33139

☒ 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 obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date June 26/08

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.	Giancarlo Galliani	13789 SW. 66th #F177	Miami FL 33183
V.P	Patrice LeBaulmien	1756 Bayshore drive	Miami FL 33132
S.	Gustavo Perez	407 Lincoln rd. #706	Miami Beach FL 33139
T.	Cyril Eskenazi	1155 Brickell Bay drive	Miami FL 33131

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:

GIANCARLO GALLIANI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 26/08

Date

786-261-8278

Daytime Phone #