## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REIN	RPORATI	ENT		OIV:	Secretary SION OF C	y of S ORPOR	ATIONS		FILED  08 NOV 20 PM 2: 59  SECRETARY OF STATE TALLAHASSEE, FLORID!		
DOCUMENT # P05000122285 RWG MEDIA ING  1. Corporation Name									00138131705 0/0801025009 **308.75		
					Office Address aks Clubhouse Drive			CR2E081 (10/08)  4. Date Incorporated or Qualified			
Suite, Apt. #, etc. Sui					Suite, Apt. #, etc. #407						
					& State			To Do Bus	ness in Florida 09/06/2005		
					ompano Beach, Florida			5. FEI Number 11-3758			
33009		Country Brow	_	<sup>Zip</sup> 33069		Bro	ward	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent								_			
Name Mutchler, Theodore									The reinstatement fee is imposed, except in		
Street Address (P.O. Box Number is Not Acceptable) 1849 South Ocean Drive									circumstances which the entity did not receive the prior notices. By checking this box, you		
Suite, Apt. #, Etc. 915								are certifying the prior notices were not received and requesting the reinstatement			
City Hallandale Beach						State Zip Code FL 33009					
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 Date 1/-/8-08  REGISTERED AGENT MUST SIGN											
9. Names	and Street A	dresses	of Each Officer and	Vor Director (Flo	rida nonpro	fit corpo	orations must list at lea	ast 3 directors)			
Titles	Name of Officers and/or Directors			Street Address of Eac Officer and/or Directo			treet Address of Each officer and/or Director		City / State / Zip		
Р	Theodore Mutchier				1849 South Ocean Blvd. 915			d. 915	Hallandale Beach, FL 33009		
VP	Robert	ry		3800 Oaks Clubhouse Dr. 40			Dr. 407	Pompano Beach, FL 33069			
Sec	Theodo	utchler		1849 South Ocean Blvd. 915			d. 915	Hallandale Beach, FL 33009			
Trea	Robert J. Eury				3800 Oaks Clubhouse Dr. 407			Dr. 407	Pompano Beach, FL 33069		
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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 filling 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 pay attraction have the same legal effect as if made under oath.											
SIGNATURE: 11" 15- 07 305-304-5264 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #											