PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.	
CORPORATION REINSTATEMENT	FILED 10 FEB 25 PM 1:08
DOCUMENT # P06000117965 1. Corporation Name Pathfinder Media Group, Inc.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address - No P.O. Box # 263 Tresser Blvd. Suite, Apt. #, etc. 9th Floor City & State Stamford, CT Zip 06901 USA 263 Tresser Blvd. 3. Mailing Office Address P.O. Bot 16817 Suite, Apt. #, etc. City & State Stamford, CT Country Cou	$\begin{array}{c} 200170550112\\ 02/25/1001018004\\ ***608.75\\ CR2E081 (11/09) \end{array}$
7. Name and Address of Current Registered Agent Name Richard Roll Street Address (P.O. Box Number is Not Acceptable) 330 S2nd Street Suite, Apt. #, Etc. State Zip Code City West Palm Beach FL 33047	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	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Street Address of Each City / State / Zin	
Mos Officers and/or Directors Officer and/or Director Mos. Richard J. Roll 33052nd Stree	City / State / Zip
T, S President, Treasurer, and Secretary 330 52 nd S; Richard J. Roll	+ Wert Palm Brach, FL treet Wast Palm B Lach, FL 33407 33407 33407
REINSTATEMENT RUH 2-10	
10. E-mail Address: rroll@ahahome.com (To be used for future ennual 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., that all fees owed by the corporation have been paid. Forther entify, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	