PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

14 OCT 23 PM 4:27

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # P13000072414

1. Corporation Name

SHAMI MEDIA GROUP INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1000 5th Street		1000 5th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 200B		Suite 200B	
City & State		City & State	
Miami Beach, FL		Miami Beach, FL	
Zip	Country	Zip	Country
33139	United States	33139	United States

4. Date Incorporated or Qualified To Do Business In Florida
08/30/2013

5. FEI Number
46-3703208
☐ 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
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City	State	Zip Code
Tallahassee	FL	32301

800265809798

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 _____ Courtney Williams Asst. Vice President Date 10.23.14

REGISTERED AGENT MUST SIGN

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
President	Nabil Alshami	1000 5th Street, Suite 200B	Miami Beach, FL 33139

REINSTATEMENT

2014

10. E-mail Address: _____
(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: _____ 10-21-14 1-347 549 2710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OCT 23 2014

M. WILLIAMS

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 344310 7849630

AUTHORIZATION

COST LIMIT : $ 750.00

ORDER DATE : October 20, 2014

ORDER TIME : 2:02 PM

ORDER NO. : 344310-010

CUSTOMER NO: 7849630

DOMESTIC FILINGS

NAME: SHAMI MEDIA GROUP INC.

RECEIVED
DEPARTMENT OF STATE
14 OCT 23 PM 4:29

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____

OCT 23 2014

M. WILLIAMS