


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  98 MAR -2 PM 1:06  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> <i>P94000037661</i>					
1. Corporation Name <i>CHOICE MAGAZINE, INC.</i> <i>3191 CORAL WAY # 115-225</i> <i>MIAMI, FL. 33145</i>					
Principal Place of Business <i>2371 COLLINS AVE. # B53F</i> <i>MIAMI BEACH, FL. 33139</i>			Mailing Address (Same as above)		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable <i>2371 COLLINS AVE.</i> Suite, Apt. #, etc. <i>B-53F</i>		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida <i>5-19-94</i>	
City & State <i>MIAMI BEACH FL.</i>		City & State		5. FEI Number <i>65-0495878</i>	
Zip <i>33139</i>	Country <i>DADE</i>	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip		
<i>PRES/SEC DIR</i>	<i>EDUARDO M. DIAZ</i>	<i>2371 COLLINS AVE. #B-53F</i> <i>MIAMI BEACH - FL. 33139</i>	<i>MIAMI BEACH, FL. 33139</i>		
			<i>100002445121--2</i> <i>-03/03/98--01031--003</i> <i>****500.00 ****500.00</i>		
<b>REINSTATEMENT</b> <i>95-98</i>					
			<i>100002445121--2</i> <i>-03/03/98--01031--004</i> <i>****500.00 ****500.00</i>		
8. Name and Address of Current Registered Agent <i>EDUARDO M. DIAZ</i>			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>2371 COLLINS AVE.</i> Suite, Apt. #, Etc. <i>B-53F</i> City <i>MIAMI BEACH</i>		
			State <b>FL</b>	Zip Code <i>33139</i>	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <i>x Eduardo M. Diaz</i> Date <i>2/25/98</i> REGISTERED AGENT MUST SIGN					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>100002445121--2</i> <i>-03/03/98--01031--005</i> <i>****208.75 ****208.75</i>					
12. 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 under section 119.07(3)(i), 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: <i>x Eduardo M. Diaz</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>2/25/98</i>	(305) 674-5441 Daytime Phone #	