


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  99 MAR 25 PM 2:14	
<b>DOCUMENT #</b> <u>PA160000013018</u>					
1. Corporation Name <u>Pravda, Inc</u>					
Principal Place of Business <u>5025 Collins Avenue #2208</u> <u>Miami Beach, Florida 33140</u>		Mailing Address			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <u>11/13/96</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>65-070721</u>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip Country		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		
<u>P</u>	<u>Marc Friedli</u>	<u>5025 Collins Ave # 2208</u>	<u>Miami Beach, FL 33140</u>		
<u>S</u>	<u>Marc Friedli</u>	<u>5025 Collins Ave # 2208</u>	<u>Miami Beach, FL 33140</u>		
<u>D</u>	<u>Marc Friedli</u>	<u>5025 Collins Ave # 2208</u>	<u>Miami Beach, FL 33140</u>		
100002818411-6 -08/26/99--01053--001 ***2776.25 ****900.00					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
<u>George Befeler, Esq</u> <u>701 Brickell Avenue, #2000</u> <u>Miami, FL 33131</u>			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc City State <u>FL</u> Zip Code		
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 <u>[Signature]</u>			Date		
REGISTERED AGENT MUST SIGN					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/18/94 305-8656792 Date Daytime Phone #		

CR2E001 (12/98)