PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P97000028388**

1. Corporation Name

AMERICAN MEDIA ASSOCIATES CORP.

Principal Place of Business

Mailing Address

18420 NE 23RD CT

SIGNATURE:

18420 NE 23RD CT N MIAMI FL 33160 FILED

03 OCT 21 AM 9:09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

iling Office Ac	nd enter correction below.					
#, etc.	ddress, If Applicable					
<u> </u>			Date Incorporated or Qualified To Do Business in Florida 03/28/1997			
9	Suite, Apt. #, etc. Suite, Apt. #, etc.					
State City & State		CE 0740744		Applied For Not Applicable		
	Country	6. CERTIFICATE	CERTIFICATE OF STATUS DESIRED X \$8.75 Additional Fe for a Certificate of			
lorida nonprof	it corporations must list at lea	ast 3 directors)				
3			City	/ State / Zip		
DALTON, RICHARD 18420 NE 23 C		COURT		N MIAMI BEACH FL 33160		
		30	ប្តី០ដូនូទុត្តន្	773	ъ	
			 	: 李多 (1) !	i. 15	
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent			
	Name					
	Street Address (F	P O Boy Number	is Not Accentable)			
	Olitor Addioss (i	YO. DOX MAINDON	o rest Assoptants			
N MIAMI BEACH FL 33160		etc.				
	City				ode	
oration, am f	amiliar with and accept the ol	bligations of Section	on 607.0505, F.S. or 617.	.0505, F.S.		
GENT MUST	SIGN		Date 10 /4 /0	3		
	orida nonproi	Country orida nonprofit corporations must list at least street Address of Each Officer and/or Director 18420 NE 23 COURT Name Street Address (Inc.) Suite, Apt. #, Etc. City	Country Country Country Country Conda nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director 18420 NE 23 COURT 19,721,7 Name Street Address (P.O. Box Number Suite, Apt. #, Etc. City Coration, am familiar with and accept the obligations of Sections Street Address of Each Officer and/or Director	S. FEI Number 65-0742744	5. FEI Number 65-0742744 6. CERTIFICATE OF STATUS DESIRED Street Address of Each Officer and/or Director 18420 NE 23 COURT N MIAMI BEACH FL 33160 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Country State State Zip Country State Zip Country State State Zip Country State Stat	

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 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.