PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Socratory of State			FILED 1 <mark>04 Jul 13 Am 8:42</mark>		
DOCUMENT # Air Media Now!, Inc.				ECRETARY OF STATE LLAHASSEE, FLORIDA		
19700060186			M			
2. Principal Office Address 221 W Goulsby Blue	3. Mailing Office Address		PEIN	STATEMENT_O	3-04	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 7–10 – 97			
Deerheld Beach FL	City & State			5. FEI Number Applied For Not Applicable		
33442 Country USA	Zip	Country	6. CERTIFICATE C	OF STATUS DESIRED S8.75 Additional Fer for a Certificate of		
	7. Name and	Address of Current Register	ed Agent			
Name R. Harold Alvares Street Address (P.O. Box Number is Not Acceptable) 221 Gools by Blvd.				039031341 01005010 **335.00		
Suite, Apt. #, Etc.				\$ 90000		
Deerheld Beach				State Zip Code FL 334442		
8. 1, 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 Date REGISTERED AGENT MUST SIGN						
9. Names and Street Addresses of Each Officer a	and/or Director (Florida nonpr	rofit corporations must list at le	east 3 directors)			
Titles Name of 7 Officers and/or Directo		Street Address of Each Officer and/or Director		City / State / Zip		
DIP R. Harold Alvarez	Dec	221 Goolsby Blud Decrheid Beach, FL 33442				
5 RHAROLD Alvanoz	221	221 Goolsby Blud		Derheld Brach, Flz 3442		
				·		
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10. I certify that I am an officer or director or the re this reinstatement application, the reason for cowed by the corporation have been paid and to on this application is true and accurate, and m	lissolution has been eliminate he names of individuats listed	ed, the corporate name satisfie I on this form do not qualify for	s the requirements of an exemption unde	of section 607,0401 of 617.0401, r.p., utal at	11 1662	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						
SIGNATURE AND TYPED OR	PRINTED NAME OF SUSTING O	FFICER OR DIRECTOR		Date Daytime Phone #		