PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 NOV 14 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000097211

REINSTATEMENT 02-06

CR2E081 (12/05)

1. Corporation Name

MILENIOS MULTIMEDIA, INC.

2. Principal Office Address	3. Mailing Office Address
9737 NW 41 St.	9737 NW 41 St.
Suite, Apt. #, etc. Suite 371	Suite, Apt. #, etc. Suite 371
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33178 Country USA	Zip 33178 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/14/97

5. FEI Number 650803772 ☐ 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: PAMELA FRANK-FERNANDEZ

Street Address (P.O. Box Number is Not Acceptable): 9737 NW 41 St.

Suite, Apt. #, Etc.: Suite 371

City: MIAMI State: FL Zip Code: 33178

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 _____ Date 11/13/06

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
PD	PAMELA FRANK-FERNANDEZ	9737 NW 41 St. Ste 371	MIAMI, FL 33178
	11/15	700091753267 11/14/06--01049--001 **750.00	

10. 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 contained in Chapter 119, 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: Pamela Frank-Fernandez, as President 11/13/06 305-962-8841

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