PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.					
APPLICATION A	FLORIDA DEPARTMENT OF STATE		{ 	•	
FOR	Katherine Ha Secretary of S		}		
REINSTATEMENT	DIVISION OF CORPOR				
DOCUMENT # P98000	DIDIIO				
1. Corporation Name ELLEDA Media International,		V	00 JAN 18 PM L: 17		
ELLEDA Media					
		-nc.	İ	SEORETALLY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address Some			}		
st. Petersburg, Fl		<u> </u>			
33705					
If above addresses are incorrect in any way, line thro			[
2. New Principal Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida		
uite, Apt. #, etc. Suite, Apt. #, etc.			5. FEI Number Applied For		
City & State	City & State	Sity & State		7SS9D Not Applicable	
Zip Country	Zip Country	,	6. CERTIFICATE	E OF STATUS DESIRED Status Status Desired for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/	or Director (Florida nonprofit corpora	tions must list at lea	ast 3 directors)		
Name of Officers Title(s) Name of Officers and/or Directors	Off	eet Address of Each icer and/or Director		City / State / Zip	
1 2	2543 6	Se Post Office Box N		~	
CED Adelle Hughes	5t. Pete	Nound. T	-1 33712	St. Yetersburg F1 33712	
frex Chisal. Da	niels strete	rsburg,	e.So., <u>El 33713</u>	est Petersburg	
Vice Pry Jose A. Casta	med. 131 415	t Ave. N		St Peterslam F1 33731	
VERIA JOSE TITENSTA	100	- 11- (1-1-		00031033751	
				-01/20/0001003002 ****908.75 ****908.75	
			T (1)-	DD: 176	
PERSONAL PROPERTY OF THE PARTY					
9. Name and Address of Current			9. Name and A	Address of New Registered Agent	
		Name ()	Sa h		
Chisa Danie	Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City 1 Default				
		Suite, Apt. #, Etc.	<u>5 612</u>	HURISON	
5+, PE(01300 000)	C(38)	City A. P.	etersb	wyg FL 33712	
10. I, being appointed the registered agent of the apo	ve named corporation, am familiar wi	th and accept the of	bligations of Sect	ion 607.0\$05, F.S.	
Signature of Registered Agent Agent Danuel REGISTERED AGENT MUST SIGN					
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: Claule Aughs Adelle Hughes #1/20 727-896-1638 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					