

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 15 PM 12:17

DOCUMENT # **PA8000078004**

1. Corporation Name

NEW MEDIA INTERNATIONAL, INC

2. Principal Office Address

3. Mailing Office Address

* **85 GULFSTREAM RD. & SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 202

& SAME

City & State

City & State

DANIA BEACH, FL.

& SAME

Zip

Country

Zip

Country

33004

USA

33004

USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

Sept. 4, 1998

5. FEI Number

65-0872581

Applied For:

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LINDA LA ROSA

300004336739 -- 1

Street Address (P.O. Box Number is Not Acceptable)

85 GULFSTREAM RD.

-05/31/01-01084-031

Suite, Apt. #, Etc.

Suite 202

******300.00 ****300.00**

City

DANIA BEACH

State

FL

Zip Code

33004

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

Linda La Rosa

REGISTERED AGENT MUST SIGN

Date

4/20/01

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
DIRECTOR	LINDA LA ROSA	85 GULFSTREAM RD. Suite 202	DANIA BEACH, FL. 33004

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 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:

Linda La Rosa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/20/01

Daytime Phone #

954 920 2566