

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 13 AM 9:51

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000045487

1. Corporation Name

Media3 Publishing Group, Inc.

2. Principal Office Address - No P.O. Box #

1920 Coral Gate Drive

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33145

Country

USA

3. Mailing Office Address

1920 Coral Gate Drive

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33145

Country

USA

000129192960
05/13/08--01005--028 **458.75

REINSTATEMENT

06-08

4. Date Incorporated or Qualified
To Do Business in Florida

5/19/1999

5. FEI Number

650921874

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

Alan Ramer Esq.

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

9100 South Dadeland Blvd.

Suite, Apt. #, Etc.

Suite 1500

City

Miami

State

FL

Zip Code

33156

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 May 9, 2008

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
P	Vicki Gallo	1920 Coral Gate Drive	Miami/Florida/33145

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vicki Gallo

5/9/2008

Date

732-796-4651

Daytime Phone #

5/16/08