


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED 01 AUG 28 PM 3:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P99 0000 93 6666					
1. Corporation Name Dupont media, Inc.					
2. Principal Office Address 169 East Flagler Street Suite, Apt. #, etc. Suite 50 City & State Miami, FL Zip 33131		3. Mailing Office Address 169 East Flagler Street Suite, Apt. #, etc. Suite 50 City & State Miami, FL Zip 33131		4. Date Incorporated or Qualified To Do Business in Florida. 10/25/1999	
				5. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent	
Name Scheater, Eileen	400004586144-6
Street Address (P.O. Box Number is Not Acceptable) 169 East Flagler Street	-09/12/01--01066--014 ***900.00 ***900.00
Suite, Apt. #, Etc. Suite 300	
City Miami	State Zip Code FL 33131

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 <i>Eileen Scheater</i>		Date 7-25-01	
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	Scheater, Eileen	169 East Flagler St, Suite 300	Miami, FL 33131
SD	Harris, Elliott	111 SW 3rd Street, Sixth Floor	Miami, FL 33130

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:

*Eileen Scheater* Eileen Scheater  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/01 (305) 374-0739  
Date Daytime Phone #

CR2E081 (9/00)