

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 JAN 23 PM 4:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000107822

1. Corporation Name

Alegoria Media, Inc.

2. Principal Office Address

14461 SW 138th Pl

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33186

Country

USA

3. Mailing Office Address

14461 SW 138th Pl

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33186

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/1/2000

5. FEI Number

650973847

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

ARADI RIVERA

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

14461 SW 138th Place

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

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

[Signature]  
REGISTERED AGENT MUST SIGN

Date

12/31/02

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
PSD	ARADI RIVERA	14461 SW 138th Pl	Miami, FL 33186
VTD	MELVIN RIVERA	14461 SW 138th Pl	Miami, FL 33186

700010098627  
02/11/03--01011--001 \*\*8.75

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:

[Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/31/02

Daytime Phone #

703-587-7124

CR2E081 (10/02)