


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # S55557

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1. Corporation Name
BONJOUR MEDIA, INC.

Principal Place of Business 6565 NOVA DR DAVIE FL 33317 US	Mailing Address 6565 NOVA CIR DAVIE FL 33317 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 00

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	4. Date Incorporated or Qualified To Do Business in Florida 05/29/1991	5. FEI Number 65-0303348	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
V	ALTMAN, ROBERT	6565 NOVA RD	DAVIE FL
P	ALLEN, BRIAN	2666 PALMER PLACE	WESTON FL
ST	MORIN, CECILE	2666 PALMER PLACE	FT. LAUDERDALE FL
P	LAPOINTE, JEAN	184 DESJARDINS #3	MAGOE, QUE' CA J1
800003491708--0 -12/08/00--01046--005 ****750.00 ****750.00			

8. Name and Address of Current Registered Agent LAMOTHE, FERNAND 721 SE 17TH STREET #200 FORT LAUDERDALE FL 33316	9. Name and Address of New Registered Agent Name Robert Altman Street Address (P.O. Box Number is Not Acceptable) 6565 Nova Drive Suite, Apt. #, Etc. City Davie State FL Zip Code 33317
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Robert Altman Date 11-21-00
REGISTERED AGENT MUST SIGN

11. 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: Robert Altman Robert Altman Date 11-21-00 Daytime Phone # 954-236-0003

CR2E040 (8/00)