

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P04816

1. Corporation Name

GANNETT CO., INC.

FILED

01 OCT 19 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

10315 USA TODAY WAY
MIRAMAR FL 33025
US

1100 WILSON BOULEVARD
ARLINGTON VA 22234



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/29/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

16-0442930

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
ED VP	GURLEY, JOHN J MILLER, LARRY F.	1100 WILSON BLVD.	ARLINGTON VA
SVPS	CHAPPLE, THOMAS L	1100 WILSON BLVD.	ARLINGTON VA
VT	MARTORE, GRACIA C	1100 WILSON BLVD.	ARLINGTON VA 22234
VP	BLADWIN, CHRISTOPHER W	1100 WILSON BLVD	ARLINGTON VA
VCPD	MCCORKINDALE, DOUGLAS H	1100 WILSON BOULEVARD	ARLINGTON VA 22234

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

600004653886--8

Suite, Apt. #, Etc.

-10/25/01--01078--012

3750.00 *750.00

City

State

Zip Code

FL

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/18/01

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:

Christopher W Baldwin
CHRISTOPHER W. BALDWIN, ASSISTANT TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/01

Date

703-284-6801

Daytime Phone #

CR2E040 (8/01)