

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

99-00



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAY -1 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000100589

1. Corporation Name

MEDIA CAPITAL PARTNERS, INC.

2. Principal Office Address

1256 S. Alhambra Circle

Suite, Apt. #, etc.

4

City & State

Coral Gables, Florida

Zip 33131

Country USA

3. Mailing Office Address

2 S. Biscayne Boulevard

Suite, Apt. #, etc.

2400

City & State

Miami, FL 33131

Zip 33131

Country USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

11/26/1997

5. FEI Number

65-0415693

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

Harold L. Lewis

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

2 South Biscayne Boulevard

Suite, Apt. #, Etc.

2400

City

Miami

State
FL

Zip Code
33131

100003250181-8

-05/12/00--01033--011

****900.00 ****900.00

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

REGISTERED AGENT MUST SIGN

Date

4/27/2000

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
PST	Adam Carson Peters	1256 S. Alhambra Circle #4	Coral Gables, FL 33146
D	Adam Carson Peters	1256 S. Alhambra Circle #4	Coral Gables, FL 33146
			SP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/2000

Daytime Phone #