

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000004544**

1. Corporation Name

3RC MEDIA, INC.

Principal Place of Business

**226 85TH STREET
HOLMES BEACH FL 34217**

Mailing Address

**226 85TH STREET
HOLMES BEACH FL 34217**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/02/2001

5. FEI Number

65-1067173

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MARTIN, JACOB	226 85TH STREET	HOLMES BEACH FL 34217
D	JACOBS, RICHARD	8237 60TH ST. CIRCLE EAST, #716	SARASOTA FL 34243

800008635578

10/28/02--01114--009 **150.00

8. Name and Address of Current Registered Agent

**MARTIN, JACOB
226 85TH STREET
HOLMES BEACH FL 34217**

Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/24/02

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/02 941-544-2286

CR2E040 (8/02)

To: Florida Department of State

Attention: Division of Corporations

Re: 3RC Media, Inc.

Document # P01000004544

To Whom it May Concern;

This letter is regarding the above named corporation and document. The initial UBR form that was to be filed on or before May 1st, 2002 was not received so we were unable to file the appropriate form with the appropriate fee in a timely manner. A letter was sent on behalf of our company after the filing date asking for removal of the late filing fee. We have not heard anything from the state until the Certificate of Administrative Dissolution or Revocation. When we contacted a representative at the Department of State, Division of Corporations they instructed us that we should file the correct form with the \$150.00 fee.

Therefore, enclosed you will find the Application for Reinstatement as well as our annual fee of \$150.00. Since the UBR form was not received we are asking that any additional fees or penalties be waived. We understand that this waiver may be a one time courtesy. All further UBR filings will be filed as requested.

Thank you in advance for your decision.

Sincerely,

Jacob Martin

President