

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 JUN 12 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000001475

1. Corporation Name

MEDIA CONTACTS CORPORATION

2. Principal Office Address

195 Broadway

Suite, Apt. #, etc.

12th Floor

City & State

New York

Zip

10007

Country

USA

3. Mailing Office Address

195 Broadway

Suite, Apt. #, etc.

12th Floor

City & State

New York

Zip

10007

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

March 3, 2000

5. FEI Number

52-2178035

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301-2525

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

Deborah D. Skipper

REGISTERED AGENT MUST SIGN

Date

6/12/2003

Deborah D. Skipper
Asst. V. Pres.

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
	SEE ATTACHED RIDER		
			900020805489

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

Jordan E. Ringel, Secretary

6/10/03

Date

Daytime Phone #

2ul3

DIRECTORS:

Fernando Rodès Vilà

Maria Luisa Francoli Plaza

James M. Rose

John Gaffney

Gary McCorry

ADDRESS:

195 Broadway, 12th Floor, New York, NY 10007

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195 Broadway, 12th Floor, New York, NY 10007

195 Broadway, 12th Floor, New York, NY 10007

OFFICERS:

NAME

OFFICE

ADDRESS:

Maria Luisa Francoli Plaza

CEO

195 Broadway, 12th Floor, New York, NY 10007

Donald C. Epperson, Jr.

P/COO

195 Broadway, 12th Floor, New York, NY 10007

James M. Rose

EVP

195 Broadway, 12th Floor, New York, NY 10007

Gary McCorry

EVP/CFO

195 Broadway, 12th Floor, New York, NY 10007

Jordan E. Ringel

S

600 Madison Ave., 12th Floor, New York, NY 10022



CORPORATION SERVICE COMPANY™

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ACCOUNT NO. : 072100000032
REFERENCE : 116431 4301772
AUTHORIZATION : *Patricia Figure*
COST LIMIT : \$ 1058.75

ORDER DATE : June 3, 2003

ORDER TIME : 10:21 AM

ORDER NO. : 116431-090

CUSTOMER NO: 4301772

CUSTOMER: Ms Leena Kallash
Pavia & Harcourt LLP
12th Floor
600 Madison Avenue
New York, NY 10022

RECEIVED
03 JUN 12 AM 11:42
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: MEDIA CONTACTS CORPORATION

*File/E
1st*

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS

[Handwritten signature]