

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 NOV -1 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000004379

1. Corporation Name

CROSSMEDIACEM, INC.

Principal Place of Business

Mailing Address

1280 UTE AVENUE, SUITE 1
ASPEN CO 81611

1280 UTE AVENUE, SUITE 1
ASPEN, CO 81611



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

08/03/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

22-3736687

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PCD	CAMERA, NICHOLAS J	1271 AVENUE OF THE AMERICAS	NEW YORK NY 10020
V	CONTE, ALBERT	136 MADISON AVENUE	NEW YORK NY 10017
S	CURLEY, PAUL J	1271 AVENUE OF THE AMERICAS	NEW YORK NY 10020
T	BERNS, STEVEN D	136 MADISON AVENUE	NEW YORK NY 10017

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

Signature of
Registered Agent

Dolores Butcher
REGISTERED AGENT MUST SIGN

Date

10/31/01

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:

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

Date

Daytime Phone #

212-399-8200



202

ACCOUNT NO. : 072100000032
REFERENCE : 265112 4349124
AUTHORIZATION : *Patricia Pigato*
COST LIMIT : \$ 750.00

ORDER DATE : October 31, 2001
ORDER TIME : 10:33 AM
ORDER NO. : 265112-005
CUSTOMER NO: 4349124
CUSTOMER: Megan Hutchinson, Paralegal
The Interpublic Group Of
1271 Avenue Of The Americas
44th Floor
New York, NY 10020

REINSTATEMENT

NAME: CROSSMEDIACEM, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 1156
EXAMINER'S INITIALS _____

RECEIVED
01 NOV -1 AM 11:24
DIVISION OF CORPORATION