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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000004478

1. Corporation Name

TIME4 MEDIA, INC.

REINSTATEMENT 05-07

CR2E061 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
460 N. Orlando Ave.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
200	
City & State	City & State
Winter Park, FL	
Zip / Country	Zip / Country
32789 / Orange	

4. Date Incorporated or Qualified To Do Business in Florida: 8/23/01

5. FEI Number: 13-2620517 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Connie Bryan — CONNIE BRYAN SPECIAL ASSISTANT SECRETARY — Date:

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Terry Snow	460 N Orlando Ave #200	Winter Park, FL 32789
VP	Dan Altman	460 N Orlando Ave #200	Winter Park, FL 32789
Sec	Jeremy Thompson	460 N. Orlando Ave #200	Winter Park, FL 32789
Treas	Nancy Coulter	460 N. Orlando Ave #200	Winter Park, FL 32789

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 contained in Chapter 119, 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: _____ 407.671.4715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLR10 - 1/1/07 CT System Online

Florida Department of State

Division of Corporations
Public Access System

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thanks!

CORPORATION REINSTATEMENT

TIME4 MEDIA, INC.

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