

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 SEP 24 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *F94000004364*

1. Corporation Name

THOMAS-MCCANTS MEDIA, INC.

2. Principal Office Address - No P.O. Box #

101 CENTURY 21 DR

Suite, Apt. #, etc.

SUITE 119E

City & State

JACKSONVILLE, FL

Zip

32216

Country

USA

3. Mailing Office Address

1806 WASHINGTON STREET

Suite, Apt. #, etc.

City & State

COLUMBIA, SC

Zip

29201

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/21/1998

5. FEI Number

54-1703256

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

THELMA DAVIDSON

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

101 CENTURY 21 DR

Suite, Apt. #, Etc.

SUITE 119E

City

JACKSONVILLE

State

FL

Zip Code

32216

☒ 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

Thelma Davidson

Date

9/5/08

REGISTERED AGENT MUST SIGN

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
Pres	McCants, Gerry	272 N. Front St. ste 347	Wilmington, NC 28401
V.Pres	Thomas, Darrin	1806 Washington Street	Columbia, SC 29201

508136311925
09/24/08--01041--004 **450.00

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:

Darrin Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-5-08 803250-6004

Daytime Phone #

KS