

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG -4 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F940000004364**

1. Corporation Name

**Thomas-McCants Media, Inc.
DBA BlackPagesUSA**

2. Principal Office Address

**101 Century Drive
Suite, Apt. #, etc.
119 - E**

City & State

Jacksonville, FL

Zip

32216

Country

USA

3. Mailing Office Address

**1806 Washington St
Suite, Apt. #, etc.**

City & State

Columbia, SC

Zip

29201

Country

USA

900021998199
08/04/03--01002--011 **\$600.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

541703256

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 Drive

Suite, Apt. #, Etc.

Suite 119 - E

City

Jacksonville

State

FL

Zip Code

32216

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

REGISTERED AGENT MUST SIGN

Date **2-2-03**

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
P.P.	Gerry McCants	1519 W. 23rd Street, Ste 200	Wilmington, NC 28405
V.A.	Darrin Thomas	1806 Washington St.	Columbia, SC 29201

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:

Paula Kay Paul Gant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/20/03 (803) 254-6404

Daytime Phone #

CR20081 (10/02)

7/21/4