

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**DOCUMENT # F95000000973**

1. Corporation Name

South Media, Inc.

FILED

01 DEC 10 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2. Principal Office Address

601 Brickell Key Dr

Suite, Apt. #, etc.

Suite 104

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

601 Brickell Key Dr.

Suite, Apt. #, etc.

Suite 104

City & State

Miami, FL

Zip

33131

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2/28/95

5. FEI Number

650552768

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

David Taggart

Street Address (P.O. Box Number is not acceptable)

601 Brickell Key Drive

Suite, Apt. #, Etc.

Suite 104

City

Miami

200004743122--4

-12/28/01--01079-005

\*\*\*\$750.00 \*\*\*\$750.00

State

FL

Zip Code

33131

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

Date 12/7/2001

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
D	David Taggart	601 Brickell Key Dr., #104	Miami, FL 33131
D	Bryan Palmer	601 Brickell Key Dr., #104	Miami, FL 33131

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

David Taggart

12/7/2001 305/3474392

Date

Daytime Phone #

CR2501 (9/00)