

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F97000002170

1. Corporation Name

MEDIA PASSAGE, INC.

Principal Place of Business

Mailing Address

2ND AVENUE WEST
WA 98119

401-2ND AVENUE WEST
SEATTLE WA 98119

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Seattle WA

City & State

Zip
98119

Zip
Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/1997

5. FEI Number

91-1769254

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PR	SCHERER, GILBERT Richard Warren	401-2ND AVENUE WEST	SEATTLE WA 98119
VPD	BRYANT, CARLTON	401-2ND AVENUE WEST	SEATTLE WA 98119
S	NAISMITH, LINDA	401-2ND AVENUE WEST	SEATTLE WA 98119
T	SCHERER, GILBERT	401-2ND AVENUE WEST	SEATTLE WA 98119
WFO	XALK, EUGENE / D Glenn Yago	401-2ND AVENUE WEST	SEATTLE WA 98119
D	XXXXXXXXXXXX REBINSTEIN, SAM Peter Van Oppen	401-2ND AVENUE WEST	SEATTLE WA 98119

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

700003148607--2

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

02/28/00 01005-006

****150.00****150.00

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Kathleen A. Duran
REGISTERED AGENT MUST SIGN

Date 12-6-99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 FEB 23 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



99-2001

CR2E040 (8/99)