

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**FILED**

01 OCT 19 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F98000007109**

1. Corporation Name

**GANNETT GEORGIA PUBLISHING, INC.**



Principal Place of Business

Mailing Address

ONE NEWS JOURNAL PLAZA  
PENSACOLA FL 32501

1100 WILSON BOULEVARD  
ARLINGTON VA 22234

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

4. Date Incorporated or Qualified To Do Business in Florida

12/30/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-1800967

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CURLEY, JOHN J	1100 WILSON BLVD	ARLINGTON VA 22234
D	MCCORKINDALE, DOUGLAS H	1100 WILSON BLVD	ARLINGTON VA 22234
S	CHAPPLE, THOMAS L	1100 WILSON BLVD	ARLINGTON VA 22234
T	MARTORE, GRACIA C	1100 WILSON BLVD	ARLINGTON VA 22234
AT	BALDWIN, CHRISTOPHER W.	1100 WILSON BLVD	ARLINCOTN, VA 22234

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

**REINSTATEMENT**  
Name: **REINSTATEMENT**  
Street Address (P.O. Box Number is Not Acceptable):  
Suite, Apt. #, Etc. **800004653888-2**  
City **FL** **10/25/01--01078--012**  
**\*\*\*3750 state zip 888750.00**

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

10/18/01

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:

*Christopher W Baldwin*  
**SIGNATURE REQUIRED**  
CHRISTOPHER W. BALDWIN, ASSISTANT-TREASURER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/01

Date

703-284-6801

Daytime Phone #

CR2E040 (8/01)