

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR 23 PM 1:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

F9000002807

Time, Inc. Delaware

2. Principal Office Address

1271 Ave. of the Americas

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10020

Country

USA

3. Mailing Office Address

1271 Ave. of the Americas

Suite, Apt. #, etc.

Tax Dept. Room 42-15

City & State

New York, NY

Zip

10020

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

September 23, 1988

5. FEI Number

13-3486363

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

REINSTATEMENT

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

Jonathan R. Giddings
Assistant Secretary

Date **3/22/01**

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
DIR	GERALD LEVIN	75 ROCKEFLLER PLAZA	NY, NY 10019
DIR	NORMAN PEARLSTINE	1271 AVE. OF THE AMERICAS	NY, NY 10020
DIR	DON LOGAN	1271 AVE. OF THE AMERICAS	NY, NY 10020
EVP	LISA VALK LONG	1271 AVE. OF THE AMERIC	NY, NY 10020
SVP	ROBERT E. MCCARTHY	1271 AVE. OF THE AMERIC	NY, NY 10020
VP	LEN MITCHELL	1271 AVE. OF THE AMERIC	NY, NY 10020

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

03/14/01

Date

212-522-5236

Daytime Phone #