

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY '8 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400005575624--7  
-05/21/02--01003--020  
\*\*\*1350.00 \*\*\*1350.00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # H85983

**1. Corporation Name**

MARTHA MEREDITH CORP.

W02-12386

**2. Principal Office Address**

125 Brazilian Avenue

Suite, Apt. #, etc.

P.O. Box 3120

City & State

Palm Beach, Florida

Zip

33480

Country

USA

**3. Mailing Office Address**

125 Brazilian Avenue

Suite, Apt. #, etc.

P.O. Box 3120

City & State

Palm Beach, Florida

Zip

33480

Country

USA

**REINSTATEMENT 98-02**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/19/1985

**5. FEI Number**

59-2604345

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

Joseph R. Bagby

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

125 Brazilian Avenue

Suite, Apt. #, Etc.

City

Palm Beach

State

FL

Zip Code

33480

**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

*Joseph R. Bagby*  
REGISTERED AGENT MUST SIGN

Date

4/22/02

**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
DST	Martha Bagby	125 Brazilian Avenue	Palm Beach, FL 33480
EDVP	George Alai	25 Dogwood Trail	Randolph, NJ
DP	Joseph Bagby	125 Brazilian Avenue	Palm Beach, FL 33480

**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

*Joseph R. Bagby* PRESIDENT

Date

4/22/02 (561) 833-5600

Daytime Phone #

CR2E081 (9/01)