

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

96 DEC -9 AM 10: 19

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **L11774**

1 Corporation Name  
**MEDIA CENTRAL, INC.**

Principal Place of Business Mailing Address  
**304 E LUMSDEN BRANDON FL 33511** **304 E LUMSDEN BRANDON FL 33511**

**REINSTATEMENT** 96ae

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/28/1989	
City & State		City & State		5. FEI Number	
Zip		Country		59-2972370	
				Applied For	
				Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 - Additional Fee required for a Certificate of Status	

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	RICHARDSON, CARL H	304 E. LUMSDEN DR.	BRANDON FL
D	RICHARDSON, BEVERLY	304 E LUMSDEN ROAD	BRANDON FL
D	RICHARDSON, PAUL D	304 E. LUMSDEN ROAD	BRANDON FL
D	WINTERS, DANIEL E	1319 MIRROR TER NW	WINTER HAVEN FL

700002024577--8  
-12/10/96--01072--016  
\*\*\*\*375.00 \*\*\*\*375.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
RICHARDSON, PAUL 304 E LUMSDEN RD BRANDON FL 33511		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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: [Signature] **REGISTERED AGENT MUST SIGN** Date 12-5-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12 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)(l), 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] **REGISTERED AGENT MUST SIGN** Date 12-5-96 Daytime Phone # 885-1156 (813)

CR2E940 (7/96)