

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR -3 AM 8:33

DOCUMENT # **L11774**

1. Corporation Name

MEDIA CENTRAL, Inc.

2. Principal Office Address

304 EAST LUMSDEN RD

Suite, Apt. #, etc.

City & State

BRANDON, FL

Zip

33511

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 99-01

4. Date Incorporated or Qualified To Do Business in Florida

1989

5. FEI Number

592972370

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

PAUL RICHARDSON

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

304 EAST LUMSDEN ROAD

200003996422-4

~~04/13/01-01026-025~~

Suite, Apt. #, Etc.

*****1058.75 ***1058.75**

City

BRANDON

State

FL

Zip Code

33511

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

[Signature]

Date **3-30-01**

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
PRES	CARL RICHARDSON	304 EAST LUMSDEN RD	BRANDON, FL 33511
VP	PAUL RICHARDSON	304 EAST LUMSDEN RD	BRANDON, FL 33511
SEC.	BEVERLY RICHARDSON	304 EAST LUMSDEN RD	BRANDON, FL 33511

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]

PAUL RICHARDSON

3-30-01

813.653.1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)