

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 NOV -6 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L15631

1. Corporation Name

MEDIA DESIGN SYSTEMS, INC.

Principal Place of Business

800 BRICKELL AVE
SUITE 1100
MIAMI FL 33131
US

Mailing Address

800 BRICKELL AVE
SUITE 1100
MIAMI FL 33131
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/1989

5. FEI Number

65-0295161

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPT	JACKSON, ESTHER	800 BRICKELL AVE, SUITE 1100	MIAMI FL 33131
DVPS	PESATURO, PHYLLIS	800 BRICKELL AVE, SUITE 1100	MIAMI FL 33131
			800003483668-6 -12/01/00--01087--010 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

CORPORATE ACCESS, INC.
1116-D THOMASVILLE RD
MOUNT VERNON SQUARE
TALLAHASSEE FL 32303

9. Name and Address of New Registered Agent

Name

CORPORATE ACCESS INC

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

236 E 6TH AVE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32303

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

11/6/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE ESTHER JACKSON

Date

11/01/00 305/373-3700

Daytime Phone #

282

November 1, 2000

Division of Corporations
Annual Reports/Reinstatement Section
PO Box 6327
Tallahassee FL 32314-6327

To Whom It May Concern:

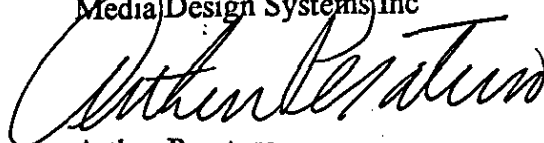
To the best of my knowledge, we have never received the original Florida Department of State Annual Report forms in the mail for the following companies:

Media Design System Inc.
MDS Group Publishing Inc
Advertising and Design Systems Inc
Quanturo Publishing Inc

I have had our mail personnel repeatedly check our files but could not find the original forms. Therefore, I am requesting that the reinstatement fee be waived.

Sincerely,

Media Design Systems Inc



Arthur Pesaturo
Finance Director