

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

02 SEP 30 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L18825

1. Corporation Name

MEDIA STUDIO GROUP, INC.

500008203525--9

-10/04/02--01037--003

***1500.00 ***1500.00

REINSTATEMENT

97-02

2. Principal Office Address

19455 Gulf Boulevard

Suite, Apt. #, etc.

Suite 9

City & State

Indian Shores, FL

Zip

33785

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9-25-1989

5. FEI Number

59-2968319

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

Anthony A. Little

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

19455 Gulf Boulevard

Suite, Apt. #, Etc.

Suite 9

City

Indian Shores

State

FL

Zip Code

33785

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

REGISTERED AGENT MUST SIGN

Date

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
PSTD	Little, Anthony A.	19455 Gulf Blvd., Suite 9	Indian Shores, FL 33785

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)(f), 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:

Anthony A. Little

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-26-02

727-595-3815