

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 MAR -1 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 70384

Corporation Name
JELLOW MEDIA, INC.

Principal Place of Business
1996 N.E. 148th Terrace
North Miami, FL 33181

Mailing Address
1996 N.E. 148th Terrace
North Miami, FL 33181

REINSTATEMENT 07-00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

1. New Principal Office Address, If Applicable 7616 N.W. 40th Street Apt #, etc.	3. New Mailing Office Address, If Applicable 7616 N.W. 40th Street Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 05/02/90	SP
City & State Coral Springs, FL 33065 Country U.S.A.	City & State Coral Springs, FL 33065 Country U.S.A.	5. FEI Number 65-0192349	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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
/V/S	Richard M. Jellow	7616 N.W. 40th Street	Coral Springs, FL 33065
			300003161049--7 -03/08/00--01007--005 ***1298.75 ***1298.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Samuel I. Leff 1367 N.E. 162nd Street North Miami Beach, FL 333162	Richard M. Jellow 7616 N.W. 40th Street Coral Springs, FL 33065
--	---

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: *RMP* Date: 2/28/00
REGISTERED AGENT MUST SIGN

i. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

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: *RMP* Date: 2/28/00 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (12/98)