

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -6 PM 1:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P00000041902**

1. Corporation Name

AVAIL MEDIA, INC.

Principal Place of Business

906 YEW COURT
CELEBRATION FL 34747

Mailing Address

POST OFFICE BOX 470444
CELEBRATION FL 34747

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/2000

5. FEI Number

59-3655575

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
D	MEDVED, JOHN	906 YEW COURT	CELEBRATION FL 34747

400024478414
11/06/03--01034--007 **150.00

8. Name and Address of Current Registered Agent

HABER, LAWRENCE H
POST OFFICE BOX 470171
CELEBRATION FL 34747

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Signature of John Medved

REGISTERED AGENT MUST SIGN

Date **10/22/03**

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 of John Medved

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-2-03

Date

407-566-0282

Daytime Phone #

CR20040 (7/03)

Avail Media, Inc.

PO Box 470444
Celebration, FL 34747

November 4, 2003

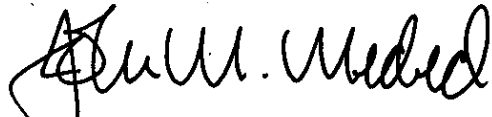
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

This is to inform the Division of Corporations that Avail Media, Inc. did not receive two UBR notices for filing in calendar year 2003. Therefore I was alarmed to receive the Notice of Administrative Dissolution or Revocation.

Enclosed is the completed Application for Reinstatement along with requisite yearly filing fee of \$150.00.

Sincerely,

A handwritten signature in black ink, appearing to read "John Medved", with a stylized flourish at the end.

John Medved
President