

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 16 AM 8:00

DOCUMENT # P00000051622

1. Corporation Name

Merge Media, Inc.

1450 S. Dixie Highway
1450 S. Dixie Highway

2. Principal Office Address

1450 S. Dixie Highway

3. Mailing Office Address

1450 S. Dixie Highway

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33432

Country

USA

Zip

33432

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 05/25/2000

5. FEI Number

65-1016960

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

Willis B. Hale

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

1450 S. Dixie Highway

Suite, Apt. #, Etc.

Suite 201

City

Boca Raton

State

FL

Zip Code

33432

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

Willis B. Hale

Date 07/01/2004

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
PD	Willis Hale	1450 S. Dixie Highway	Boca Raton, FL 33432

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:

Willis B. Hale

07/01/2004

561 644-2802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)