

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

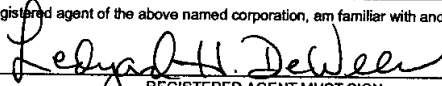
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REINSTATEMENT 01-02

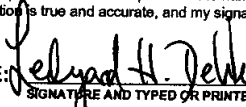
CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000059825					
1. Corporation Name BOZEMAN MEDIA GROUP, INC.					
2. Principal Office Address 270 N.W. 3rd Court Suite, Apt. #, etc. City & State Boca Raton, FL Zip 33432-3720 Country Palm Beach			3. Mailing Office Address 270 N.W. 3rd Court Suite, Apt. #, etc. City & State Boca Raton, FL Zip 33432-3720 Country Palm Beach		

4. Date incorporated or Qualified To Do Business in Florida June 20, 2000	
5. FEI Number -	☒ 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 Ledyard H. DeWees		
Street Address (P.O. Box Number is Not Acceptable) 270 N.W. 3rd Court		
Suite, Apt. #, Etc.		
City Boca Raton	State FL	Zip Code 33432-3720

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 7/11/02

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
P/D	Brett L. DeWees	737 S.E. 1st Way, Apt. 107	Deerfield Beach, FL 33441
S	Ledyard H. DeWees	270 N.W. 3rd Court	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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 7/11/02 Daytime Phone # 561-368-1427

7/15/02