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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000068120

1. Corporation Name
GOLF MEDIA PARTNERS, INC.

2. Principal Office Address		3. Mailing Office Address	
9055 HERITAGE BAY CIR		9055 HERITAGE BAY CIR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ORLANDO, FL		City & State: ORLANDO, FL	
Zip: 32836-5063	Country: US	Zip: 32836-5063	Country: US

4. Date Incorporated or Qualified To Do Business In Florida: 07/17/2000
5. FEI Number: 651024551 — 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: VANCE L WOOD
Street Address (P.O. Box Number is Not Acceptable): 9055 HERITAGE BAY CIR
Suite, Apt. #, Etc.
City: ORLANDO State: FL Zip Code: 32836-5063

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: X [signature] VANCE L WOOD Date 7-6-2005
REGISTERED AGENT MUST SIGN

CR2E051 (9/01)

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
D	VANCE L WOOD	9055 HERITAGE BAY CIR	ORLANDO, FL 32836-5063
		REINSTATEMENT	02-05

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: X [signature] VANCE L WOOD 7-6-2005 407 903 5879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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DATE: 07-06-2005

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: GOLF MEDIA PARTNERS, INC.
VANCE L WOOD

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 407 903 5879.

THANKS,

GOLF MEDIA PARTNERS, INC.
VANCE L WOOD

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Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

CORPORATION REINSTATEMENT

GOLF MEDIA PARTNERS, INC.

Certificate of Status	0
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