

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000074451

1. Corporation Name

Media Web Corporation

2. Principal Office Address

10 NW 42 AVE 4 Floor

3. Mailing Office Address

2601 S. Bayshore Drive

Suite, Apt. #, etc.

4 Floor

Suite, Apt. #, etc.

Suite 600

City & State

Miami Florida

City & State

Miami, Florida

Zip

33126

Country

USA

Zip

33133

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

08/04/2000

5. FEI Number

65-1030660

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

2001-2002

7. Name and Address of Current Registered Agent

Name

HEF Registered Agent Corp.

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

2601 S. Bayshore Drive #600

Suite, Apt. #, Etc.

Suite 600

City

Miami

State

FL

Zip Code

33133

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

Arthur J. Faria

Date 3/15/02

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
D	Creigh Shank	12780 S.W. 197 Terrace	Miami, Florida 33177

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 of Officer or Director

3/15/2002 305-448-1133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E001 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 500696 11654A

AUTHORIZATION : *Patricia Pigeto*

COST LIMIT : \$ 908.75

ORDER DATE : March 28, 2002

ORDER TIME : 12:54 PM

ORDER NO. : 500696-005

CUSTOMER NO: 11654A

CUSTOMER: Ms. Maria Acosta
Holtzman Equels & Furia
2601 South Bayshore Drive
Suite 600
Miami, FL 33133

DOMESTIC FILINGS

NAME: MEDIA WEB CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133
EXAMINER'S INITIALS _____

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02 MAR 28 PM 1:58
DIVISION OF CORPORATION