

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 MAR 10 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000079957

1. Corporation Name

MEDIA FINANCIAL GROUP, INC.

2. Principal Office Address

1700 NW 64TH STREET

Suite, Apt. #, etc.

SUITE 100

City & State

FT. LAUDERDALE, FL

Zip

33309

Country

USA

3. Mailing Office Address

1700 NW 64TH STREET

Suite, Apt. #, etc.

SUITE 100

City & State

FT. LAUDERDALE, FL

Zip

33309

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/23/2000

5. FEI Number

65-1033870

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

STEVEN ZANDER

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

1700 NW 64TH STREET

Suite, Apt. #, Etc.

SUITE 100

City

FT. LAUDERDALE

State

FL

Zip Code

33309

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

Date 03/03/2004

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 Officers and/or Director	City/State/Zip
D	ZANDER, STEVEN I	1700 NW 64TH ST #100	FT. LAUDERDALE, FL 33309
D	MAUS, DANIEL R	1700 NW 64TH ST #100	FT. LAUDERDALE, FL 33309
D	HUSAIN, SAL	1700 NW 64TH ST #100	FT. LAUDERDALE, FL 33309

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:

STEVEN I ZANDER

03/03/04 888.508.7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #