


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	--

FILED

07 AUG 29 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000081304

1. Corporation Name

PR. IT MEDIA & Promotions Group, Inc.

2. Principal Office Address - No P.O. Box #

2910 KERRY FOREST PKWY

Suite, Apt. #, etc.

D4-180

City & State

TALLAHASSEE, FL

Zip

32309

Country

LEON

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1831940

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

DAVID G. RICKMAN

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

2910 KERRY FOREST PKWY

Suite, Apt. #, Etc.

D4-180

City

TALLAHASSEE

State

FL

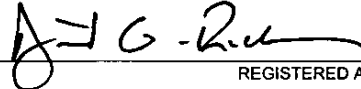
Zip Code

32309

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

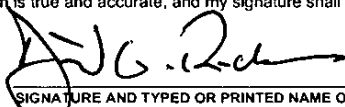
8/31/07

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
PRESIDENT	DAVID G. RICKMAN	2910 KERRY FOREST PKWY D4-180	TALLAHASSEE, FL 32309
			09/07/07--01017--017 **500.00
			09/07/07--01017--018 **100.00

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 contained in Chapter 119, 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:



DAVID G. RICKMAN 8/31/07

907-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #