

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



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

FILED

02 FEB 22 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000094526

1. Corporation Name

PASKIEWICZ MEDIA GROUP INC.

2. Principal Office Address

6625-110TH STREET

Suite, Apt. #, etc.

N/A

City & State

SEBASTIAN FLORIDA

Zip

32958

Country

INDIAN RIVER

3. Additional Office Address

P.O. Box 781479

Suite, Apt. #, etc.

N/A

City & State

SEBASTIAN FLORIDA

Zip

32970

Country

INDIAN RIVER

4. Date Incorporated or Qualified
To Do Business in Florida

OCTOBER 10 1999

5. FEI Number

#65-1048520

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

MARK ALAN PASKIEWICZ

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

6625-110TH

Suite, Apt. #, Etc.

N/A

City

SEBASTIAN

State

FL

Zip Code

32958

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

2-18-0002

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
<u>Pres</u>	<u>MARK ALAN PASKIEWICZ</u>	<u>6625-110TH STREET</u>	<u>SEBASTIAN FLORIDA</u> <u>32958</u>

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] MARK ALAN PASKIEWICZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-18-0002

Daytime Phone #

561-589-7092

**RIVERSIDE
NATIONAL BANK**

5053 Turnpike Feeder Road
Fort Pierce, FL 34951
(561) 461-3000

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February 21, 2002

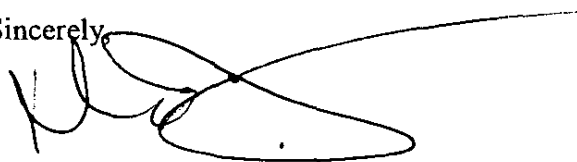
RE: EIN# 65-1045520
PASKIEWICZ MEDIA GROUP INC
6625 110th STREET
SEBASTIAN, FL 32958

To Whom It May Concern:

This letter is to inform you that Paskiewicz Media Group Inc did not receive the annual report for 2001 due to several relocations of the business. Please except the corporate reinstatement and the Cashiers Check in the amount of \$300.00 for reactivation.

Thank you for your prompt attention to this matter.

Sincerely,



Mark Paskiewicz, President
Paskiewicz Media Group Inc