

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION OF REINSTATEMENT  
**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

DOCUMENT # **P00000105308**  
 1. Corporation Name  
**MULTIMEDIA TELEVISION GROUP, INC.**

01 OCT 15 PM 12:17

Principal Place of Business Mailing Address  
 743 E 9TH AVE 743 E 9TH AVE  
 TALLAHASSEE FL 32303 TALLAHASSEE FL 32303



08-29-01-90005 001 \$550.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.  
 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 11/09/2000  
 5. FEI Number Applied For  
 ZD59-3689484 Not Applicable  
 6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	STSVENS, WILLIAM S III	743 E 9TH AVE	TALLAHASSEE FL 32303

8. Name and Address of Current Registered Agent  
**STEVENS, WILLIAM III**  
 743 E 9TH AVE  
 TALLAHASSEE FL 32303

9. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
**FL**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
 Signature of Registered Agent Date 10/12/01  
 REGISTERED AGENT MUST SIGN

11. 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: 10/12/01 (866) 412-3351  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)



**MULTIMEDIA TELEVISION GROUP, INC.**

October 12, 2001

TO: Division of Corporations  
Reinstatement Section  
Florida Department of State

FR: Bill Stevens 

**RE: Multitimedia Television Group, Inc., #P00000105308**

Pursuant to my conversation with a representative of the Reinstatement Section, please find enclosed the Application for Reinstatement that includes the FEI Number. As discussed, I did not receive notice from the Division that the FEI was missing from my earlier filed Annual Report, which was filed in August along with the appropriate Fee. It is my understanding that upon receipt of this FEI number, the corporation will be reinstated.

Should you have any questions or need additional information, please contact me immediately.

**Multimedia Television Group, Inc.**  
743 East 9th Avenue  
Tallahassee, FL 32303

Phone: (786) 412-3351  
Fax: (425) 977-7484  
Email: wssiii@hotmail.com