

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 OCT 22 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000003690

1. Corporation Name

Inasite Multimedia Inc.

2. Principal Office Address

18271 N.E. 4th Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1115

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33162

Country

U.S.A.

Zip

33160

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

1.4.04

5. FEI Number

651073889

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

Brad Hemmings

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

1374 N.E. 176 St.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33160

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

10.18.2004

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 Officer and/or Director	City / State / Zip
CEO	Brad Hemmings	1374 N.E. 176 St.	Miami, FL 33162

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.18.2004

Date

305.945.3305

Daytime Phone #

CR2E081 (01/04)