PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FLORID			A DEPARTMENT OF STATE Jim Smith Secretary of State			FILED				
REIN	ISTATEN	NO SU	DIP	VISION OF			D2 NOV 2	25 AH 9:5	5	
DOCUMENT # P0100065802 1. Corporation Name							SECRETARY OF STATE TALLAHASSEE, FLORIDA			
•	3	ING & MEDIA	INIC				TALLAHA	SSEE, FLORID	А	
· ·	<u>,</u>	ING & MEDIA,	INC.							
Principal Place of Business Mailing Addre								I BANKI JIKIN BRUK BANK B	DENI Ge ri g C ei n i f	AITE I IBITI BEJIR EJOJ 1901
2167 LAKE DEBRA DRIVE #722 2167 LAKE (ORLANDO FL 32835 ORLANDO FL				DEBRA DRIVE #722 L 32835						
		correct in any way, line three								
1611 DELOUDDO AVE 1611					ing Office Address, If Applicable			orated or Qualified ness in Florida	06/2	9/2001
Suite, Apt.	-		Suite, Apt. #	etc.		34	5., FEI Number	- 1		Applied For
				SWOOD, FL				0543		Not Applicable
Zip Country Zip 37			Zip 327	160 Country USA			6. CERTIFICATE OF STATUS DESIRED of for a Certificate of Status			
7. Names	and Street Addre	sses of Each Officer and/	or Director (Flo	rida nonpro				I		
Title(s)	s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip		
D	RANDALL, JANICE C			2167 LAKE DEBRA DRIVE #722			ORLANDO FL 32835-			
				1611 OPLANDO AVEN			SUE LONGWOOD, FL 32160			
							30(11/25/(000920 020106		3 150.00
	8. Name a	and Address of Current F	Registered Age	nt			9. Name and A	ddress of New Re	gistered Age	ent
Name										
TWYMAN, DUSTY L ESQ 12200 WEST COLONIAL DRIVE STE 302 Street Address (P.							O. Box Number is Not Acceptable)			
WINTER GARDEN FL 34787 Suite, Apt. #, Etc.							•			
City							State Zip Code			
0. I, being Signature o Registered	f (\sqrt{1}	egistered agent of the above	re named corpo	eration, am i	amiliar wi	th and accept the of	bligations of Section			S.
this rein: owed by	statement applica the corporation	er or director or the receivation, the reason for dissol have been paid and the n and accurate, and my sig	ution has been ames of individ	eliminated, uals listed o	the corpo	rate name satisfies in do not qualify for	the requirements an exemption und	of section 607.0401	or 617.0401,	, F.S., that all fees

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



November 19, 2002

Mr. Jim Smith Secretary of State Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Dear Mr. Smith:

Please accept this letter as my wish to reinstate my company. I do not believe that I received the two prior UBR notices, as I would have completed one of them to avoid the dissolution.

I have moved recently and had to fill out my forwarding slip for the post office twice, and I know that some mail was lost as I was missing credit card statements also.

I have updated my address and have enclosed the application for reinstatement and the \$150 filing fee. This is my first year in business, and I am now aware that I must file an annual report between January and May 1, of each year.

Sincerely,

Janice Randall

Dandall

Owner/Smartmarketing & Media, Inc.