

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000094559

1. Corporation Name

CLEAR VISION MEDIA INC.

Principal Place of Business

1410 OSCEOLA COURT
ORLANDO FL 32806

Mailing Address

1410 OSCEOLA COURT
ORLANDO FL 32806

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/27/2001

5. FEI Number

55-3745629

Applied For

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HALTER, SEAN E	1410 OSCEOLA COURT SEE ABOVE	ORLANDO FL 32806

8. Name and Address of Current Registered Agent

HALTER, SEAN E
1410 OSCEOLA COURT
ORLANDO FL 32806
2815 S. ORANGE AVE - SUITE 500 - 2206
ORLANDO FL 32806

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 1/28/03

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

CLEAR VISION MEDIA

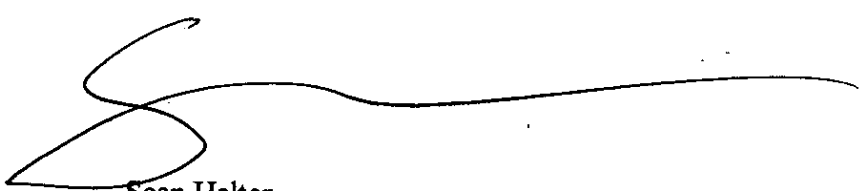
2875 S. Orange Ave.
Suite 500-2205
Orlando, FL 32806

1/23/03

To whom it may concern,

This letter is to indicate my apology for not filing the 2002 Uniform Business Report. We have moved and the current occupant did not forward. As this was our first year of incorporation, we were unaware this form needed to be filed. We have included our \$150 fee for 2002 and our \$150 fee for 2003.

I appreciate you waiving my late fee and will ensure that we remain in compliance from here on out.



Sean Halter
President
Clear Vision Media