

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000101013

1. Corporation Name

MEDIA EXPRESS USA, INC.

Principal Place of Business

7448 ALOMA AVE
WINTER PK FL 32779

Mailing Address

7448 ALOMA AVE
WINTER PK FL 32779

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

2. New Principal Office Address, If Applicable

MEDIA Express USA

Suite, Apt. #, etc.

4625 OLD WINTER GARDEN RD

City & State

ORLANDO FL

Zip

32811

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

#85 4625 OLD WINTER GARDEN RD

City & State

ORLANDO FL

Zip

32811

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/2001

5. FEI Number

59-3755088

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPS	FRANKLIN, RICHARD E	7448 ALOMA AVE	WINTER PK FL 32779
DVT	GAUNLETT, SHERRY D E	7448 ALOMA AVE	WINTER PK FL 32779

000008644050

10/29/02--01031--023 **550.00

ORU/S

8. Name and Address of Current Registered Agent

FRANKLIN, RICHARD E
7448 ALOMA AVE
WINTER PK FL 32779

9. Name and Address of New Registered Agent

Name

RICHARD FRANKLIN

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

7621 HERRICKS LOOP

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32835

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

10/21/02

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

10/21/02

Daytime Phone #

CR2E040 (802)

OCTOBER 22, 2002

MEDIA EXPRESS USA
4625 OLD WINTER GARDEN RD B5
ORLANDO, FL. 32811

TO WHOM IT MAY CONCERN:

ENCLOSED IS ANOTHER CHECK FOR \$550.00. AS YOU CAN SEE AUGUST 24TH A CHECK WAS WRITTEN TO THE STATE FOR THE ANNUAL CORPORATION FEE. I AM REQUESTING THAT THE STATE WAIVE THE PENALTY FEE SINCE THE APPLICATION WAS FILED IN A TIMELY MANNER.

PLEASE ADVISE IF THIS MATTER HAS BEEN RESOLVED. THANK YOU IN ADVANCE.

SINCERELY,


SHERRY GAUNTLETT