

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO1000113925**1. Corporation Name**

MEDIA STAR COMMUNICATIONS, INC.

**2. Principal Office Address**230 Carswell Avenue  
Suite

Holly Hill, FL

Zip  
32117Country  
USA**3. Mailing Office Address**410 North Beach Street  
Suite, Apt. #, etc.City & State  
Daytona Beach, FL 32114Zip  
32114Country  
USA**4. Date Incorporated or Qualified  
To Do Business in Florida****5. FEI Number**
☒ 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**

Laurence H. Bartlett

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

1800 W. International Speedway Blvd.,

**Suite, Apt. #, Etc.**

Suite 201

**City**

Daytona Beach

State  
FLZip Code  
32114**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

REGISTERED AGENT MUST SIGN

Date 12/9/02

**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
D	Richard Lindholm	410 North Beach St.	Daytona Beach, FL 32114
D	Anthony Tocco	700 Riverside Drive	Ormond Beach, FL 32176
D	Bill Hart	1420 N. Atlantic Ave., #1402	Daytona Beach, FL 32118

**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

Date

Daytime Phone #

12-9-02 386-299-8081

CR2E081 (9/01)