

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2008 APR 14 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO1100116301

InterPhase Media, INC.

**REINSTATEMENT** 02-08

000123285550  
04/14/08--01051--028 \*\*1650.00-  
CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #  
27327 Coral Springs Dr.  
Suite, Apt. #, etc.

3. Mailing Office Address  
27327 Coral Springs Dr.  
Suite, Apt. #, etc.

City & State  
Wesley Chapel FL  
Zip  
33544 Country  
USA

City & State  
Wesley Chapel, FL  
Zip  
33544 Country  
USA

4. Date Incorporated or Qualified To Do Business in Florida 12/06/2001  
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 Raymond Jones  
Street Address (P.O. Box Number is Not Acceptable)  
27327 Coral Springs Dr.  
Suite, Apt. #, Etc.  
City Wesley Chapel State FL Zip Code 33544

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 [Signature] Date 03/22/08  
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
P	Raymond Jones	27327 Coral Springs Dr.	Wesley Chapel FL 33544
S	Kimberly Remberg	27327 Coral Springs Dr.	Wesley Chapel FL 33544
T	Kristie Remberg	27327 Coral Springs Dr.	Wesley Chapel, FL 33544
VP	David Remberg	27327 Coral Springs Dr.	Wesley Chapel, FL 33544
-	-	-	-
-	-	-	-

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 contained in Chapter 119, 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: Raymond Jones [Signature] Date 3/22/08 [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(813) 767 5877