

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 # PO1000116301

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

City & State

Wesley Chapel, FL

Zip

33544

Country

USA

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 SONES

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

Raymond Sones

REGISTERED AGENT MUST SIGN

Date 03/22/08

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 SONES	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 Sones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/08

Date

Daytime Phone #

(813) 767 5877