

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JUN 14 P 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000008882

1. Corporation Name

Direct Connect Media, Inc

2. Principal Office Address - No P.O. Box #

5645 Coral Ridge Dr.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 224

Suite, Apt. #, etc.

City & State

Coral Springs

City & State

Zip

33076

Country

Broward

Zip

Country

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1992

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

Todd Werter

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

5338 NW 118 Ave

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33076

000181986300
06/11/10-01029-003 **1800.00

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 6/8/10

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
Pres	Todd Werter	5338 NW 118 Ave	Coral Springs, Fl. 33076

REINSTATEMENT

03-10
98

10. E-mail Address: todd@directconnectmedia.com

(To be used for future annual report notification)

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. I further certify, 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:

Todd Werter

6-8-10

954 648-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #