


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD 20000 77340

1. Corporation Name

MEDIA EXECUTION, INC

REINSTATEMENT 08-10

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

21221 NE 31ST PLACE

3. Mailing Office Address

21221 NE 31ST PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AVENTURA

City & State

FL

Zip

33180

Country

USA

Zip

33180

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/16/2002

5. FEI Number

810562245

☐ 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

JASON H PORT

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

21221 NE 31ST PLACE

Suite, Apt. #, Etc.

City

AVENTURA

State

FL

Zip Code

33180

☐ 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 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

Jason H Port

REGISTERED AGENT MUST SIGN

Date 2/10/10

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
D	JASON PORT	21221 NE 31ST PL	AVENTURA FL 33180

10. E-mail Address: Port.jason@gmail.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 807 or 817, 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 807.0401 or 817.0401, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/10

3059047734

Date

Daytime Phone #

FILED
10 FEB 17 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA