

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM!

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAY 20 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000114767

**1. Corporation Name**

Rhino Media, Inc.

**REINSTATEMENT** 03-04

**2. Principal Office Address**

1010 Winderley Pl.

**3. Mailing Office Address**

PMB #414

Suite, Apt. #, etc.

Ste. 136

Suite, Apt. #, etc.

5224 WSR 46

City & State

Maitland, FL

City & State

Sanford, FL

Zip

32751

Country

USA

Zip

32771

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/24/02

**5. FEI Number**

35-2185275

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

Scott Clark

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

1010 Winderley Place

Suite, Apt. #, Etc.

Ste. 136

City

Maitland

State

FL

Zip Code

32751

**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

Date

05/13/04

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,S,D	Helena Clark	1010 Winderley Place #136	Maitland, FL 32751

**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

5-13-04

Daytime Phone #

CR2E081 (01/04)