

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 NOV 17 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000013324

1. Corporation Name

Philter Media, Inc.

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

1156 Alachua Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

1156 Alachua Avenue

Suite, Apt. #, etc.

City & State

Tallahassee

City & State

Tallahassee

Zip

32308

Country

USA

Zip

32308

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/16/2004

5. FEI Number

58-2683412

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

Phillip Perry

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

1156 Alachua Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

☐ 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

Phillip D. Perry

REGISTERED AGENT MUST SIGN

Date 11/16/2009

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/T/S	Phillip Perry	1156 Alachua Avenue	Tallahassee, FL 32308

10. E-mail Address: phil@philtermedia.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:

Phillip D. Perry

Phillip D. Perry

11/16/2009 954-298-5515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/18/09