

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000078672

1. Corporation Name

MEDIA CONCEPTS GROUP, INC.

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

16 REGAL DRIVE

Suite, Apt. #, etc.

City & State

MONMOUTH JUNCTION, NJ

Zip

08852

Country

USA

3. Mailing Office Address

16 REGAL DRIVE

Suite, Apt. #, etc.

City & State

MONMOUTH JUNCTION, NJ

Zip

08852

Country

USA

**7. Name and Address of Current Registered Agent**

Name

THOMAS C. JENNINGS III

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

711 PINELLAS STREET

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33756

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

*Thomas Jennings*  
REGISTERED AGENT MUST SIGN

Date JANUARY 14, 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
PSTD	TONY HOLMES	16 REGAL DRIVE	MONMOUTH JUNCTION, NJ 08852
	<i>3/30</i>		

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:

*77214*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/09

Date

732-470-6018

Daytime Phone #

FILED

09 MAR 27 AM 10: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700147716987

03/27/09--01003--019 \*\*600.00

REINSTATEMENT 06-09

4. Date Incorporated or Qualified  
To Do Business in Florida

5/31/05

5. FEI Number  
20-2917416

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.