PLEAS	E READ A	LL INSTRUCTIONS BEFORE C	OMPLETING THIS FORM.
APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	



DOCUMENT #

P28904

1. Corporation Name

KORNREICH MEDIA CORP.

Principal	Place	of Bu	siness

Malling Address

1800 2ND STREET STE. 799

1800 2ND STREET

STE. 799



SECLUMARY OF STATE TALLAMASSEL FLORIDA

SARASOTA FL 34236 SARASOTA			FL 34236					
		incorrect in any way, line the			nd enter correction below.	4 Date Inco	orporated or Qualified	
		Suite, Apt. #			To Do Business in Florida 04/13/1990		13/1990	
		City & State	• •		5. FEI Number 65-0172911		Applied For	
Zip Country		Žip Cou		Country	6. CERTIFIC	\$8.75	Not Applicable Additional Fee required	
7. Names	and Street Ac	dresses of Each Officer and	I/or Director (Flo	orida nonprof	it corporations must list at le	<u> </u>	for	a Certificate of Status
Title(s)	2	Name of Officers and/or Directors			Street Address of Eac Officer and/or Directo NOT Use Post Office Box	h er	City / State	e / Zip
<u> </u>	KORNREK			767-5TH		NEW YORK NY		
<u> </u>	P Grinacoff, Edward				fth Avenue			53
V,S	V,S Marocco, Michael			767 Fifth Avenue		SARAGOTA FL New York, NY 101	53	
- s	C CRINACOFF, EDWARD			767-5TH AVE		NEW YORK NY		
D	Kornre	ich, John		767 Fi	fth Avenue		New York, NY 101	53
	B. Nan	ne and Address of Current	Registered Age	 ent		9 Name an	d Address of New Registered Ag	iont '
FLECK, AARON H. 1800 SECOND STREET STE. 799 SARASOTA FL 34236			III		Name Street Address (P.O. Box Number Is Not Acceptable) Sulte, Apt. #, Etc. 50002353215—8 -11/20/9701087007 City ****165703 to ****165.00			
Signature of Registered	of Agent		L GISTERED AC	GENT MUST	SIGN	obligations of Se	FL rotion 607.0505, F.S. //-/0-97	7
		ration owes or h Personal Proper				No X	(See other side t on intangi	

12. 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name setisfies 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:

E. C.L.I WA COFF

ANATURE AND TYRES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

11/13/97 (212) 754-8100 Date Dayline Phone #



Kornreich Media Corp. 1800 Second Street, Suite 799 Sarasota, Florida 34236 (813) 954-8800 Fax (813) 954-3640

November 3, 1997

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, FL. 32314-6327

Re: Kornreich Media Corp. FEI# 65-0172963

Dear Sir or Madam:

I was instructed by Amy of your reinstatement department to inform you in writing that we did not receive the original annual report that was due May 31, 1997. She suggested that we complete the application for reinstatement and enclosed the filing fee of \$165.

I am submitting the above for reinstatement. Please call me if you should have any questions at (212) 754-8110.

Sincerely

Celphon Chan Controller