

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

M³ Media Consultants, Inc.

P93000043394 (4)

2. Principal Office Address

1205 Elizabeth Street

3. Mailing Office Address

P.O. Box 510567

Suite, Apt. #, etc.

Suite I

Suite, Apt. #, etc.

City & State

Punta Gorda, Florida

City & State

Punta Gorda, Florida

Zip

33950

Country

USA

Zip

33951-0567

Country

USA

REINSTATEMENT 99-01

4. Date Incorporated or Qualified
To Do Business in Florida

7/4/1993

5. FEI Number

65-0418342

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

Alan D. Meis

000004704320--3

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

1205 Elizabeth Street

-12/04/01--01036--024

***1058.75 ***1058.75

Suite, Apt. #, Etc.

Suite I

City

Punta Gorda

State

FL

Zip Code

33950

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

Alan D. Meis

Date November 12, 2001

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
Pres.	Alan Meis	450 Norma Court	Punta Gorda, FL 33950

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)(f), 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:

Alan D. Meis

Alan D. Meis

11/12/01

941-575-7007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RECEIVED NOV 30 2001
RECEIVED NOV 30 2001