

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

98 NOV 23 AM 8: 31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000012781**

1. Corporation Name

**MEDIA LAND CORP.**

Principal Place of Business

Mailing Address

3105 WEST WATERS AVENUE  
TAMPA FL 33614

3105 WEST WATERS AVENUE  
TAMPA FL 33614

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT** 018

4. Date Incorporated or Qualified  
To Do Business in Florida

02/16/1994

5. FEI Number

59-3279129

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	KOLP, ELI	14550 BRUCE B. DOWNS BLVD., APT.	TAMPA FL 33613
VD	FRIEDMAN, GERALD	3105 W WATERS AVE. 300	ST PETERSBURG FL
SD	KOLPAKCHI, ZANEIDA	14550 BRUCE B. DOWNS BLVD., APT.	TAMPA FL 33613
TD	KOLPAKCHI, MORDEKHAI	14550 BRUCE B. DOWNS BLVD., APT.	TAMPA FL 33613
<del>VD</del>	<del>BARRETTE, RUTH</del>	<del>P.O. BOX 356326</del>	<del>TAMPA FL 33695</del>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOLP, ELI  
14550 BRUCE B. DOWNS BLVD.  
#229  
TAMPA FL 33613

Name

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

500002706165--9

Suite, Apt. #, Etc.

-12708798--01050--008

City

\*\*\*758.75

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

11/18/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

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 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:

*[Signature]*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/18/98 813-931-9005

CR25040 (9/98)