

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV -9 PM 6:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000059478**

1. Corporation Name

MEDIA 21, INC.

Principal Place of Business

Mailing Address

4400 140TH AVE NORTH
SUITE 170
CLEARWATER FL 34622
US

4400 140TH AVE NORTH
SUITE 170
CLEARWATER FL 34622
US

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



REINSTATEMENT 01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/11/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3251821

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	FORDE, DERMOT	2411 BAY BLVD	INDIAN ROCKS BEACH FL 34635
S	KELLER, JOSEPH	13501 126 AVENUE NORTH	LARGO FL 33774

3000004703689--3
-12/04/01--01031--018
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FORDE, DERMOT
4400 140 AVENUE N
SUITE 170
CLEARWATER FL 33762

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

Nov. 4th 2001

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Nov. 4th 2001

Daytime Phone #

CR2E040 (8/01)