

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

**REINSTATEMENT**

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

APPROVED  
AND  
FILED

98 NOV 19 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000001995**

1. Corporation Name

**MIXED MEDIA OF SOUTH FLORIDA, INC.**

Principal Place of Business

Mailing Address

20320 N.E. THIRD COURT  
APT. 12  
MIAMI FL 33179

20320 N.E. THIRD COURT  
APT. 12  
MIAMI FL 33179



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

4. Date Incorporated or Qualified  
To Do Business in Florida

01/09/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0543991

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	JACOBS, LIBBY A	20230 N.E. THIRD COURT APT. 12	MIAMI FL 33179

100002700861--3  
-12/02/98--01093--013  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JACOBS, LIBBY A  
20320 N.E. THIRD COURT  
APT. 12  
MIAMI FL 33179

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

**SIGNATURE REQUIRED**

Date

REGISTERED AGENT MUST SIGN

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)(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:

*Libby Jacobs* **RE Libby Jacobs**

11/13/98

954-522-4143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (8/98)

2012

**Wendy S. Bodner**

Certified Public Accountant, P.A.

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4800 S.W. 64th AVENUE • SUITE 110 • DAVIE, FL 33314 • (954) 581-3400 • (305) 940-6625

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November 17, 1998

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: Mixed Media of South Florida, Inc  
65-0543991  
Document Number P95000001995

Dear Sir or Madam:

Please be advised that my above mentioned client never received her annual notice or second request. This application for reinstatement is the first my client knew of the delinquency. Due to these mitigating circumstances, I ask that you abate any and all penalties. A check for \$150.00 is enclosed.

Thanking you in advance for your cooperation.

Very truly yours,



Wendy S. Bodner  
Certified Public Accountant