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
96 DEC 26 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000010318**

1. Corporation Name

MILESTONE MINORITY MEDIA, INC.

REINSTATEMENT 1996

Principal Place of Business	Mailing Address
~~9500 KOGER BLVD~~ ~~SUITE 226~~ ~~ST PETERSBURG FL 33702~~	~~9500 KOGER BLVD~~ ~~SUITE 226~~ ~~ST PETERSBURG FL 33702~~

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
c/o RICHARD H. DRIEHAUS	c/o RICHARD H. DRIEHAUS
Suite, Apt. #, etc. 25 EAST ERIE ST.	Suite, Apt. #, etc. 25 EAST ERIE ST.
City & State CHICAGO, IL	City & State CHICAGO, IL
Zip: 60611 Country: U.S.A.	Zip: 60611 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida: 02/03/1995

5. FEI Number: 59-3298242 ☐ 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
D	ENGEL, THOMAS H	~~1057 SAN CARLOS AVE NE~~ 7643 S. COVE CIRCLE	~~ST PETERSBURG FL 33702~~ LITTLETON, CO 80122
D	ENGEL, SHANA P	~~1057 SAN CARLOS AVE NE~~ 7643 S. COVE CIRCLE	~~ST PETERSBURG FL 33702~~ LITTLETON, CO 80122
			100002044331--2 -01/03/97--01061--006 ****383.75 ****383.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~ENGEL, THOMAS H~~ MICHAEL W. DRAKE ~~9500 KOGER BLVD~~ ~~SUITE 226~~ ST PETERSBURG FL 33702	Name: MICHAEL W. DRAKE Street Address (P.O. Box Number is Not Acceptable): 9600 KOGER BLVD. Suite, Apt. #, Etc.: SUITE #201 City: State: FL Zip Code:

CR2E040 (7/96)

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: Michael W. Drake
REGISTERED AGENT MUST SIGN
Date: 12/23/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Thomas H. Engel THOMAS H. ENGEL 12/20/96 303-713-1892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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