PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR 46 Secretary of State REINSTATEMENT 96 DEC -9 AM 9: 11 DIVISION OF CORPORATIONS DOCUMENT # P95000040025 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name MEGABYTE PUBLISHING, INC. Principal Place of Business Mailing Address 2826 S. UNIVERSITY DR., #3204 2826 S. UNIVERSITY DR., #3204 DAVIE FL 33328 DAVIE FL 33328 TATEMENTA 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 Date Incorporated or Qualified To Do Business in Florida ′833 05/18/1995 Suite. Apt. #, etc 5. FEI Number Applied For Not Applicable \$8:75 Additional Fee require CERTIFICATE OF STATUS DESIRED , for a Certificate of State 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors Title(s) City / State / Zip Plantation F233317 Theresa D. Bau <u> 0.00002025610-</u> -12/11/96--01023---002 ****200.00 ****200.00 000002025610-- -12/11/96--01023--003 ****183.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent heresa BAUR, THERESA D Street Address (P.O. Box Number is Not Acceptable) 2826 S. UNIVERSITY DR., #3204 **DAVIE FL 33328** Suite, Apt. #, Etc. 10. I, burng 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 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes.

12. I corilly 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 filling this reinstalement 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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