

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

**APPLICATION FOR REINSTATEMENT**

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

FILED  
00 JAN 10 PM 1:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000044432

1. Corporation Name  
**MARKETMEDIA, INC.**

Principal Place of Business  
56 East Pine Street  
Suite 200  
Orlando, Florida 32801

Mailing Address  
same

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

4. Date Incorporated or Qualified To Do Business in Florida 06/01/1995

5. FEI Number 59-3317904 Applied For Not Applicable

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	Patrick Kephart	56 East Pine Street, Suite 200	Orlando, Florida 32801
			6000003105696--7 -01/21/00--01004--025 ****465.00 ****465.00
			SP

8. Name and Address of Current Registered Agent

JAMES S. BYRD, JR.  
807 So. Orlando Avenue  
Suite H  
Winter Park, Florida 32789

9. Name and Address of New Registered Agent

Name  
SPIEGEL & UTRERA, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
343 Almeria Avenue  
Suite, Apt. #, Etc.  
City  
Coral Gables  
State FL Zip Code 33134

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 By: *Natalia Utrera* Date 1/7/00  
Natalia Utrera, Vice President 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: *Patrick Kephart* Patrick Kephart 1-3-00 407 422-2295  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #