

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

1997 NOV -3 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT # P95000076356**

1. Corporation Name

**MEREDITH'S MUTILATED MEGABYTES, INC.**

Principal Place of Business

**18550 SOUTHWEST 295TH TERRACE  
HOMESTEAD FL 33030-2436**

Mailing Address

**18550 SOUTHWEST 295TH TERRACE  
HOMESTEAD FL 33030-2436**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/05/1995**

5. FEI Number

**65-0611255**

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
PSTD	EVANS, MEREDITH DALE	18550 SOUTHWEST 295TH TERRACE	HOMESTEAD FL 33030

800002337368--3  
-11/04/97--01035--007  
\*\*\*\*750.00 \*\*\*\*750.00

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

9. Name and Address of New Registered Agent

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

10. I, being appointed the registered agent for the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent BY: **Spiegel & Utrera P.A. DBA AmeriLawyer**  
**Natalie, Vice-President**  
REGISTERED AGENT MUST SIGN

Date

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:

**MEREDITH D. EVANS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/97

(954) 832 4651  
Date Daytime Phone #

CR2E040 (8/97)