

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 19 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000007273**

1. Corporation Name

Prime Market Media Corporation

2. Principal Office Address

2260 5th Ave. S.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

Zip 33712

Country USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/19/96

5. FEI Number

59-3356600

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-04

7. Name and Address of Current Registered Agent

Name Terence Smith

Street Address (P.O. Box Number is Not Acceptable)

2734 Park St. N.

Suite, Apt. #, Etc.

City St. Petersburg.

State
FL

Zip Code 33710

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Terence M. Smith

Date 11-18-04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Terence Smith	2734 Park St. N.	St. Pete, FL 33710
S/D	Richard Lewis	620 1/2 14th St. N.	St. Pete, FL 33705

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11/19/04--01043--013 **1500.00

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-18-04
727-459-4047

727-251-2778

CR2E081 (01/04)