PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

97 NOV 17 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000088366**

1. Corporation Name

CONVENIENCE STORE MEDIA, INC.

Principal Place of Business	Mailing Address
~~6801 LAKE WORTH ROAD~~ ~~SUITE 102~~ ~~LAKE WORTH FL 33467~~	~~6801 LAKE WORTH ROAD~~ ~~SUITE 102~~ ~~LAKE WORTH FL 33467~~

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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
901 Northpoint Parkway	901 Northpoint Parkway
Suite, Apt. #, etc.: Suite 305	Suite, Apt. #, etc.: Suite 305
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33407 Country: USA	Zip: 33407 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 10/25/1996

5. FEI Number: 13-3268491 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$6.75 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 PRES	RICHMAN, CHESTER	139 Sunrise Avenue #201	Palm Beach, FL 33480
V.P.	LANGER STANLEY	810 UNITED NATIONS PLAZA	NEW YORK, N.Y. 10017
TREAS	SANDS WILLIAM	71 River Drive	TEQUESTA, FL 33469
			$87 11/18

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name: 600002351116--9
Street Address (P.O. Box Number is Not Acceptable): 11/18/97--01031--021
Suite, Apt. #, Etc.: ****750.00 ****750.00
City | State: FL | Zip Code

CR2E040 (8/97)

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: Mary J. Hawkes — Date: 11/11/97

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: _____ 11/10/97 561-712-0707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #