	PLEASE R	EAD ALL INS	TRUCTIONS	BEFORE C	OMPLET	ING THIS FO	DRM.	year of the state	
			DA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS						
REINSTATEMENT					FILED				
	DOCUMENT # <b>P97000043362</b> I. Corporation Name					99 NOV 15 PM 4: 05			
INAN	CIAL MEDIA DISTRI	BUTION, INC	<b>&gt;.</b>		SECR TALL	RETARY OF STANASSEE, FLO	ATE IRIDA		
Principal Place of Business Malling Adv			Idress	iress					
280 S.W. 38TH AVENUE 1280 S.W. 5 #200 #200			BETH AVENUE						
POMPANO	BEACH FL 33089	POMPANO	BEACH FL \$3069	State of					
	addresses are incorrect in any wa incipal Office Address, If Applicab		t information and enter o		4. Date Incorp	SIALEN orated or Qualified	ENTA		
Suite, Apt. #, etc. Suite, Apt			#, etc.		4. Date Incorporated or Qualified To Do Business in Florida (5/15/1997 Sp. 6. FEI Number Applied For				
City & Stat	ie ///	City & Staf	City & State				Applied For Not Applicable		
Zip	Country	Zip	Country		6. CERTIFICATI	E OF STATUS DESIRED		of Formational alcoloublins	
7. Names	and Street Addresses of Each Of Name of Of			tions must list at lea		T			
Title(s)	and/or Directors		Officer and/or Director			City / State / Zip			
PVST	SEIGLER, WILLIAM D		5500 N.W. 010T-0	TREET, #815		GOCONUT CREE	K-F1-63073		
,		2821 N. Course DR. #10		R.#102	Pompano BLACH FL 33069				
•									
			<b>€</b> 6			000030635365			
							3.75 ****		
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent				
SEIGLI	er, william d Jr.	_		Name	O Black Notice	Not Acceptable)		99	
	NUT CREEK FL 23073	821 N. COL	ARSC DR.#102 ACH, FL.33069		N//			CR2E040 (849	
0000		OW PANS UE	acity r cirred	City	17		State   Zip Cod	•	
10. I, bein	g appointed the registered agent	o (the above famed co	rporation, am familiar wil	h and accept the o	bligations of Sect	ion 607.0505, F.S.	FL		
Signature Registered		MANUTER DE	REQU	IRED		Dale 11-	8-99		
bewo	y that I am an officer or director or natatement application, the reason by the corporation have been paid application is true and accurate, i	and the names of Indi	viduals listed on this form	n do not qualify for	an exemption un	apter 607 or 617, F.S. of section 607,0401 of der section 119.07(3)	I further certify that or 617.0401, F.S., t (I), F.S. The informa	when filing hat all fees ation indicated	
SIGNA		in States	∦EQUIR	RED	1	1-8-99	954.98	4.5800	
J 1171	SIGNATORE AND THE	EDIOR PAINTED NAME O	f <sup>e</sup> sign <b>ing officer o</b> r D	MECTOR		Date	Daytime Phone	1	