PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000047717

1. Corporation Name
Gulf Breeze Media, Inc.
21 Miracle Strip Pkwy
Ft. Walton Beach Fl. 32548

REINSTATEMENT 2000

2. Principal Office Address	3. Mailing Office Address
21 Miracle Strip Pkwy SE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Walton Beach, Fl.	City & State
Zip: 32548 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: May 27 1997

5. FEI Number: 0059346 0111 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Ronald E. Hale Sr.
Street Address (P.O. Box Number is Not Acceptable): 21 Miracle Strip Pkwy SE
Suite, Apt. #, Etc.:
City: Ft Walton Beach State: FL Zip Code: 32548

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: Ronald E. Hale Sr. Date: 11/16/2000
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
Pres	Jennifer F. Hale	82 Garnet Pl.	Destin Fl. 32541

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****750.00 ****750.00

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: Jennifer F. Hale 11/16/2000 (850-244-1400)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #