

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR -4 AM 8:00

DOCUMENT #

pa7000047717

1. Corporation Name

Gulf Breeze Media, Inc.

**REINSTATEMENT**

02-04

000029841690

03/04/04--01007--008 \*\*1208.75

2. Principal Office Address

21 Miracle Strip Parkway

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Walton Beach

City & State

Zip

32548

Country

Okaloosa

Zip

Country

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

5. FEI Number  
59-346-0111

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 Parkway

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.*  
REGISTERED AGENT MUST SIGN

Date Feb. 20, 2004

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	21 Miracle Strip Parkway	Ft. Walton Beach, FL 32548

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 20, 2004 850/244-1400

Date

Daytime Phone #

CR2E081 (01/04)