

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 28 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

GEDEON COMMUNICATIONS Corp
P97000060408

REINSTATEMENT 00-03

000012969790

02/21/03--01096--017 **1208.75

2. Principal Office Address

20334 S.W. 131 Ct.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FLORIDA

City & State

FL

Zip

33177

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/11/97

5. FEI Number

05-076-7129

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

Robert Britton

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

20334 S.W. 131 Ct.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33177

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

01/05/03

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.	Robert Britton	20334 S.W. 131 Ct.	Miami FL 33177
Secy.	Robert Britton	20334 S.W. 131 Ct.	Miami, FL 33177
Treas.	Robert Britton	20334 S.W. 131 Ct.	Miami, FL 33177

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]

ROBERT BRITTON

Date

01/05/03

Daytime Phone #

305-257-4724

CR2E081 (10/02)

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