

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -5 PM 4:00

DOCUMENT # P98000009965

1. Corporation Name

BETH LOUISE FREGGER MEDIA CONSULTING, INC.

Principal Place of Business

8040 ISLAND DR.
PORT RICHEY FL 34668-6221

Mailing Address

8040 ISLAND DR.
PORT RICHEY FL 34668-6221



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/29/1998

5. FEI Number

59-3490609

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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 3	City / State / Zip 4
D	FREGGER, BETH L	8040 ISLAND DR.	PORT RICHEY FL 34668
			900004741659--0
			-12/27/01--01057--016
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

FREGGER, BETH L
8040 ISLAND DR.
PORT RICHEY FL 34668-6221

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

12/01/01

11. 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 617.0402, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

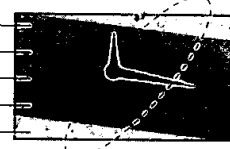
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Daytime Phone #

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B E T H L O U I S E F R E G G E R

December 2, 2001

State of Florida Department of State
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sirs,

I am enclosing a check for \$150 along with the Annual Report for Beth Louise Fregger Media Consulting, Inc. This is the first notification I received that the report was due. I do not wish to have the Corporation dissolved but never received the original report that was sent to me. I checked with my accountant that all my corporate paperwork is forwarded to and she verified that she too never received the original report. I would like to request that the \$150 annual fee be accepted as payment for the reinstatement of the corporation in consideration of the original not being received by me. If you review your records, you will see that in the past the fee was always paid in a timely manner. Thank you for your consideration in this matter.

Sincerely,

Beth Louise Fregger
President

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