

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 FEB -3 AM 8:00

DOCUMENT #P98000064597

1. Corporation Name

SIGNATURE MEDIA CONSULTING, INC

2. Principal Office Address

72 SE 6<sup>th</sup> AVE

Suite, Apt. #, etc.

H

City & State

DELRAY BEACH

Zip

33483

Country

USA

3. Mailing Office Address

72 SE 6<sup>th</sup> AVE

Suite, Apt. #, etc.

H

City & State

DELRAY BEACH

Zip

33483

Country

USA

**REINSTATEMENT** 00-04

4. Date Incorporated or Qualified  
To Do Business in Florida

7/20/98

5. FEI Number

65-0419677

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

MARC SPIVACK

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

72 SE 6<sup>th</sup> AVE

Suite, Apt. #, Etc.

H

City

DELRAY BEACH

State

FL

Zip Code

33483

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

*Marc Spivack*  
REGISTERED AGENT MUST SIGN

Date 1/30/04

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
President	MARC SPIVACK	72 SE 6 <sup>th</sup> AVE UNIT H	DELRAY BEACH FL 33483

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:

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

Date

1/30/04 954-648-5782

Daytime Phone #

CR2E081 (10/02)