

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P98000083584

1. Corporation Name

MEDIA INFORMATION GROUP, INC.

00 DEC -6 PM 2:26

Principal Place of Business

314 -2ND AVE S.
STE 201
JACKSONVILLE FL 32250

Mailing Address

314 -2ND AVE S.
STE 201
JACKSONVILLE FL 32250

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
				09/24/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
				59-3535219	
City & State		City & State		Applied For	
				Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	BOSWORTH, JONATHAN W	314 -2ND AVE S.- STE 201	JACKSONVILLE FL 32250
VPD	KAMISH, PENNY M	314 -2ND AVE S.- STE 201	JACKSONVILLE FL 32250

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FAIRBANKS, RANDAL C 217 PONTE VEDRA PARK DRIVE SUITE 200 PONTE VEDRA BEACH FL 32082	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

Randal C Fairbanks
REGISTERED AGENT MUST SIGN

Date 12-5-00

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 617.0401, 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:

Penny Kamish
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/4/00 904 396-7001

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First Coast TrafficCenter
A Media Information Group Company
314 Second Avenue South, #201
Jacksonville Beach, FL 32250

December 4, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

I did not receive my Corporate Renewal paperwork this year, and according to your office, they would resend the paperwork. Please find the completed paperwork, with my check for \$150.00, per your office.

If I can be of further assistance, please do not hesitate to call me.

Sincerely,



Penny Minge Kamish, Vice-President