

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
H. Wayne Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN -9 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000083584

1. Corporation Name

Media Information Group, Inc.

2. Principal Office Address

314 2nd Ave. S.

Suite, Apt. #, etc.

STE 201

City & State

JACKSONVILLE BEACH, FL

Zip

32250

Country

USA

3. Mailing Office Address

314 2nd Ave. S.

Suite, Apt. #, etc.

STE. 201

City & State

JACKSONVILLE BEACH, FL

Zip

32250

Country

USA

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

5. FEI Number

59-3535219

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

Fairbanks, Randal C.

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

217 Ponte Vedra Park Dr.

Suite, Apt. #, Etc.

SUITE 200

City

Ponte Vedra Beach,

State
FL

Zip Code

32082

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

Randal C. Fairbanks

REGISTERED AGENT MUST SIGN

Date

1-8-02

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
PD	Bosworth, Jonathan W	314 2nd Ave. S., STE 201	JAX BEACH, FL, 32250
VPD	Kamish, Penny M.	314 2nd Ave. S., STE 201	JAX BEACH, FL, 32250

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:

Penny Minge Kamish, V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/7/02

Daytime Phone #

904 396 7001

CR2E081 (9/01)

208

MEDIA INFORMATION GROUP, INC.

**First Coast TrafficCenter
Jacksonville Broadcast Network**

January 7, 2002

To Whom It May Concern:

I spoke with Barbara, in your office, on Friday, 1/4/02. She informed me that you did not receive my Uniform Business Report and check for \$550 mailed on September 1, 2001.

Please find enclosed a corporate reinstatement form and replacement check in the amount of \$550.

If there is anything further that I need to do to expedite this reinstatement, please do not hesitate to telephone me at 904 396 7001.

Sincerely,



Penny Minge Kamish
Vice-President

**314 Second Avenue South #201
Jacksonville Beach, FL 32250
(904) 396-7001 Facsimile (904) 398-1134**