

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 30 AM 11:03

DOCUMENT # P98000085751

1. Corporation Name

MASS MEDIA ENTERTAINMENT, INC.

2. Principal Office Address

2040 N.E. 163rd St.

3. Mailing Office Address

2040 N.E. 163rd St.

Suite, Apt. #, etc.

Ste. 309

Suite, Apt. #, etc.

Ste. 309

City & State

N. Miami Beach, FL

City & State

N. Miami Beach, FL

Zip

33162

Country

USA

Zip

33162

Country

USA

REINSTATEMENT 99.00

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

10-07-1998

5. FEI Number

65-0990484

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

Jeremy Humpherys

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

2040 N.E. 163rd St.

Suite, Apt. #, Etc.

Ste. 309

City

N. Miami Beach

State

FL

Zip Code

33162

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

REGISTERED AGENT MUST SIGN

Date 3/24/2000

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
PTSD	Jeremy Humpherys	2040 N.E. 163rd St. Ste. 309	N. Miami Beach, FL 33162

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:

Jeremy Humpherys

3/24/2000

(305)940-2248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)