

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 FEB -9 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000102448

1. Corporation Name

SCORE MEDIA, INC.

2. Principal Office Address

2500 W. LAKE MARY BLVD

Suite, Apt. #, etc.

212 D

City & State

LAKE MARY, FL

Zip

32746

Country

3. Mailing Office Address

2500 W. LAKE MARY BLVD

Suite, Apt. #, etc.

212 D

City & State

LAKE MARY, FL

Zip

Country

REINSTATEMENT

99-50

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

Dec. 7, 1998

5. FEI Number

59-3544891

Applied For:

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHRIS BEAUCHAMP

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

2500 W. LAKE MARY BLVD

Suite, Apt. #, Etc.

212 D

City

LAKE MARY

State

FL

Zip Code

32746

7000003136427-9

-02/15/00-01117-002

****900.00 ****900.00

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

CEB

REGISTERED AGENT MUST SIGN

Date 2/1/00

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
D	CHRIS BEAUCHAMP	2500 W. LAKE MARY BLVD # 212 D	LAKE MARY, FL 32746

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:

CEB

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/1/00

Daytime Phone #

CR2E081 (9/99)