

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

99 DEC -9 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000106093

1. Corporation Name

INTERNET MEDIA CORPORATION

Principal Place of Business

Mailing Address

3230 STIRLING ROAD  
HOLLYWOOD FL 33021

3230 STIRLING ROAD  
HOLLYWOOD FL 33021

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

12/22/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0891945

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MOFFETT, ROSEMARIE	6122 GLADES RD. STE. 301 1355 W. PALMETTO PARK RD. Boca Raton, FL. Suite 138 33486	BOCA RATON FL 33486 33486
			100003076551--4 -12/21/99--01/55--002 ****750.00 ****750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEONE, FREDERICK JR. 7765 W. GULF TO LAKE HIGHWAY STE. 5 CRYSTAL RIVER FL 34420	Name ROSEMARIE MOFFETT Street Address (P.O. Box Number is Not Acceptable) 1355 W. PALMETTO PARK RD. Suite, Apt. #, Etc. 138 City BOCA RATON State FL Zip Code 33486
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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

*Rosemarie Moffett*

REGISTERED AGENT MUST SIGN

Date 12/1/99

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

*Rosemarie Moffett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/99

Date

561-218-2453

Daytime Phone #

CR20040 (6/99)