

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

01 NOV 19 PM 12:48

DOCUMENT # P99000005879

1. Corporation Name

MEDIA SYSTEMS, INC.

Principal Place of Business

13802 SUMAC PLACE
TAMPA FL 33625
US

Mailing Address

13802 SUMAC PLACE
TAMPA FL 33625
US

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

02/01/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3558962

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	THORNTON, DOYLE R	13802 SUMAC PL	TAMPA FL 33625
VP	PURDY, CHRIS A.	9120 FT. JEFFERSON BLVD	ORLANDO, FL 32822
SEC	HARTMAN, MICHAEL L.	8146 124th TERRACE N.	LARGO, FL 33773

8. Name and Address of Current Registered Agent

THORNTON, DOYLE R
13802 SUMAC PLACE
TAMPA FL 33625

9. Name and Address of New Registered Agent

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

Doyle R. Thornton

REGISTERED AGENT MUST SIGN

000004703040--8
-12/03/01--01085--021
****150.00 ****150.00
Date 10-30-01

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:

Doyle R. Thornton DOYLE R. THORNTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-01

Date

1-813-265-3811

Daytime Phone #

CR2E040 (8/01)



ALESSANDRI & ALESSANDRI, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

November 1, 2001

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, Florida 32314-6327

Re: Media Systems, Inc.
ID NO: 59-3558962 -- --
Document No: P99000005879

Dear Sirs:

Our client, Media Systems, Inc. has recently received an "Application for Reinstatement form. They have not previously received a corporation Annual Report or 2001 Uniform Business Report.

A completed, signed Application for Reinstatement form along with their Check Number 0721 in the amount of \$150.00 for their filing fee for 2001 is enclosed. We respectively ask that you cancel any penalties as the penalties would be a hardship to this small company.

Thank you for your kind assistance.

Sincerely,
ALESSANDRI & ALESSANDRI, P.A.

P. David Alessandri, CPA
For the firm

PDA/ea
enclosures

ACCOUNTANTS & CONSULTANTS

5121 EHRLICH ROAD • SUITE 107 - B • TAMPA, FLORIDA 33624

(813) 969-1995 • FAX (813) 960-2740

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