

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1162

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY -3 PM 4:21

DOCUMENT # **P99000022483**

1. Corporation Name

Media Library House, Inc.

400005600814--3
-05/23/02--01071--033
****308.75 ****308.75

20259 NE 15th Court

20259 NE 15th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami, FL

Miami, FL

33179

USA

33179

USA

4. Date Incorporated or Qualified To Do Business in Florida

85-0905589

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 **Eric Legow**

Street Address (Do Not Leave Blank) **20377 NE 15th Ct.**

Suite, Apt. #, Etc.

City **Miami**

State
FL

Zip
33179

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 **4/26/2002**

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
P	Jason E Cothorn	20259 NE 15th Court	Miami, FL 33179
V	Christopher M Wallace	20259 NE 15th Court	Miami, FL 33179

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:

Jason E Cothorn April 26, 2002 305-652-2122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)



Media Library House, Inc.
20259 NE 15th Court
Miami, FL 33179
(305) 652-2122 office

April 26, 2002

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Subject: Document # P99000022483. Reinstatement.

To Whom It May Concern:

Due to the relocation of our business, we did not receive the Uniform Business Report for 2001 and 2002. As instructed by your offices we have completed the reinstatement form and payment for both years. The reinstatement form includes our new address.

Media Library House, Inc.
20259 NE 15th Court
Miami, FL 33179

Sincerely,

A handwritten signature in black ink, appearing to read "Jason E. Cothorn", is written over a horizontal line.

Jason E. Cothorn
President

Media Library House, Inc.
jcothorn@medialibraryhouse.com
(305) 652-2122 office
(305) 972-9108 cell

Enclosed: Reinstatement form, check for \$ 308.75 (2001, 2002 and request for Certificate of Status) and copy of email sent to your office.