

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000022483

1. Corporation Name

Media Library House, Inc.

2. Principal Office Address - No P.O. Box #

3120 West 84th Street

Suite, Apt. #, etc.

Unit 9

City & State

Hialeah, FL

Zip

33018

Country

USA

3. Mailing Office Address

3120 West 84th Street

Suite, Apt. #, etc.

Unit 9

City & State

Hialeah, FL

Zip

33018

Country

USA

7. Name and Address of Current Registered Agent

Name

Jason E Cothorn

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

3120 West 84th Street

Suite, Apt. #, Etc.

Unit 9

City

Hialeah

State

FL

Zip Code

33018

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 March 19th, 2010

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
PD	Jason E Cothorn	3120 West 84th St., Unit 9	Hialeah, FL 33018

10. E-mail Address: jcothorn@medialibraryhouse.com

(To be used for future annual report notification)

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. I further certify, 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

3/19/2010

305-819-3245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
10 APR 14 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600175821356
04/14/10--01046--007 **600.00
REINSTATEMENT 07-10

4. Date Incorporated or Qualified
To Do Business in Florida 03/04/1999

5. FEI Number

650905589

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

4/18/2010