

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| APPLICATION FOR REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | 99 FEB 9 2:12:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| DOCUMENT # <u>S 59411</u> | | | | | |
| 1. Corporation Name Media Consultants, Inc. | | | | | |
| Principal Place of Business 2801 SEGOVIA ST. CORAL GABLES, FL. 33134 | | | Mailing Address 1825 Ponce de Leon Suite 402 Coral Gables, FL 33134 | | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | | | |
| 2. New Principal Office Address, If Applicable 2801 SEGOVIA ST. Suite, Apt. #, etc. | | 3. New Mailing Office Address, If Applicable 1825 Ponce de Leon Suite, Apt. #, etc. 402 | | 4. Date Incorporated or Qualified To Do Business in Florida 6/13/91 | |
| City & State CORAL GABLES, FL. | | City & State Coral Gables, FL | | 5. FEI Number 65-0301250 | |
| Zip 33134 | | Country USA | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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) | | | | | |
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip | | |
| PD | Luis de Cardenas | 265 NW 105 St. | Miami, FL. 33150 | | |
| V | Maria de Cardenas | 2801 Segovia St. | Coral Gables, FL. 33134 | | |
| ST | Jorge A. de Cardenas | 265 NW 105 St. | Miami, FLorida 33150 | | |
| | | | 5000002773265-5 -02/11/99-01078-004 ***1050.00 ***1050.00 | | |
| 8. Name and Address of Current Registered Agent Jorge L. de Cardenas 1150 NW 72 Ave. 760 Miami, Florida 33126 | | | 9. Name and Address of New Registered Agent Name Luis de Cardenas Street Address (P.O. Box Number is Not Acceptable) 265 NW 105 St. Suite, Apt. #, Etc. City Miami State FL Zip Code 33150 | | |
| 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 REGISTERED AGENT MUST SIGN Date 1/30/99 | | | | | |
| 11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.) | | | | | |
| 12. 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: Maria de Cardenas 1/30/98 305 575 5256 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |

CR2E081 (12/98)