

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **V27954**

1. Corporation Name

**INTERACTIVE ONE, INC.**

Principal Place of Business

Mailing Address

301 YAMATO RD  
SUITE 1200  
BOCA RATON FL 33431

301 YAMATO RD  
SUITE 1200  
BOCA RATON FL 33431

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/13/1992

5. FEI Number

65-0327435

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FISCHER, JOHN	909 N FEDERAL HIGHWAY 301 Yamato Rd. #1200	BOCA RATON FL 33431

900004685129--2

-11/16/01--01049--019

\*\*\*\*750.00 \*\*\*\*750.00

Bills

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FISCHER, JOHN  
900 N FEDERAL HIGHWAY  
SUITE 280  
BOCA RATON FL 33432

Name  
FISCHER, JOHN  
Street Address (P.O. Box Number is Not Acceptable)  
301 Yamato Rd.  
Suite, Apt. #, Etc.  
1200  
City  
BOCA RATON  
State  
FL  
Zip Code  
33431

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

Date 10/23/01

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Fischer, Dir. 10/23/01 561-981-8777