

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # V37238**

1. Corporation Name  
**SPECIALTY MEDIA INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 OCT 27 PM 3:49

4/10/28

Principal Place of Business  
3301 PONCE DE LEON BLVD.  
300  
CORAL GABLES FL 33134

Mailing Address  
3301 PONCE DE LEON BLVD.  
300  
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		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 05/14/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0332233	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VP	CALLAHAN, PETER J	600 S E COAST AVE	LANTANA FL
VP	RABINOWITZ, MAYNARD	600 S E COAST AVE	LANTANA FL
ST	RAMPONE, LAURA	3301 PONCE DE LEON BLVD	CORAL GABLES FL
			700002333257-- 3
			-10/29/97--01127--015
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

SCHULTZ, STEVEN A.  
2 SOUTH BISCAYNE BLVD  
STE 3400  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name  
*Laura Rampone*  
Street Address (P.O. Box Number is Not Acceptable)  
*3301 Ponce de Leon Bl #300*  
Suite, Apt. #, Etc.  
City  
*CORAL Gables* State  
*FL* Zip Code  
*33134*

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  
*Laura Rampone*  
REGISTERED AGENT MUST SIGN

Date  
*10/21/97*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(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: *Laura Rampone* 10/21/97 Date 305-446-8388 Daytime Phone #