

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V40848
1. Corporation Name MEDIA WAREHOUSE, INC.

2. Principal Office Address <u>6401 EAST ROGERS CIRCLE</u> Suite, Apt. #, etc. <u>SUITE 9</u> City & State <u>BOCA RATON, FL</u> Zip <u>33487</u> Country <u>USA</u>		3. Mailing Office Address <u>6401 EAST ROGERS CIRCLE</u> Suite, Apt. #, etc. <u>SUITE 9</u> City & State <u>BOCA RATON, FL</u> Zip <u>33487</u> Country <u>USA</u>	
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REINSTATEMENT

2000

4. Date Incorporated or Qualified To Do Business in Florida <u>3-93</u>	
5. FEI Number <u>65-0400241</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <u>RICHARD R. CARTA, SR.</u>		<u>200003523722-9</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>6401 EAST ROGERS CIRCLE</u>		<u>-01/04/01--01094-015</u> <u>****758.75 ****758.75</u>	
Suite, Apt. #, Etc. <u>SUITE 9</u>			
City <u>BOCA RATON</u>	State <u>FL</u>	Zip Code <u>33487</u>	

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 Richard R. Carta, Sr. Date 12-19-2000
REGISTERED AGENT MUST SIGN

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
PRES.	RICHARD R. CARTA, SR.	6401 EAST ROGERS CIRCLE #9	BOCA RATON, FL 33487
DIRECTOR	RICHARD R. CARTA, SR.	6401 EAST ROGERS CIRCLE #9	BOCA RATON, FL 33487
SECRETARY	RICHARD R. CARTA, SR.	6401 EAST ROGERS CIRCLE #9	BOCA RATON, FL 33487
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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: Richard R. Carta, Sr. President Richard R. CARTA, SR. 12-19-00 239-1214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone # (561)

CR2E081 (9/99)