

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

07 DEC 20 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000164456

1. Corporation Name

GARRETT MEDIA SOLUTIONS INC.

12-20-07

2. Principal Office Address - No P.O. Box #
24 ALLATOONA LANDING RD

3. Mailing Office Address
PO BOX 3726

Suite, Apt. #, etc.
SUITE #6

Suite, Apt. #, etc.

City & State
CARTERSVILLE, GA

City & State
CARTERSVILLE, GA

Zip
30120

Country
US

Zip
30120

Country
US

CR2E081 (1/07)
REINSTATEMENT
4. Date incorporated or qualified
To Do Business in Florida 12/10/04

5. FEI Number
760773257

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
JONATHAN R. GARRETT

Street Address (P.O. Box Number is Not Acceptable)
5953 CURRY FORD RD

Suite, Apt. #, Etc.
SUITE # 155

City
ORLANDO

State
FL

Zip Code
32822

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.

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 12/14/07

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
T	DEBRA DEL PAZZO	PO BOX 3726	CARTERSVILLE, GA 30120

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 contained in Chapter 119, 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

12/14/07 985-264-6774

Date

Daytime Phone #