

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

**FILED**

98 SEP 23 AM 10:26

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **752313**  
 1. Corporation Name  
**Ad 2 Tampa Bay, Inc.**

Principal Place of Business: **P.O. Box 24653 Tampa, FL 33623**  
 Mailing Address: **P.O. Box 24653 Tampa, FL 33623**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT 96-98**

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5-20-80	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2503487	
Country		Country		Applied For	
				Not Applicable	
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
P/D	Steven Watson	500 S. Belcher Rd #134	Largo FL 33771
V/D	Ginger Galloway	190 112th Ave N #110	St. Petersburg, FL 33716
T/D	Gabe Diaz	2914 W. Estrella #1000	Tampa, FL 33623
S/D	Deanna Burgess	8823 Becker Dr	Tampa, FL 33626
			800002651768-2 -09/29/98--01071--005 ****358.75 ****358.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Gayle Deal 4255 W. Humphrey St. #1124 Tampa, FL 33614		Name: Steven Watson Street Address (P.O. Box Number is Not Acceptable): 500 S. Belcher Rd. #134 Suite, Apt. #, Etc.: Largo #134 City: Largo State: FL Zip Code: 33771	

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: **Steven Watson** Date: **8/26/98**  
 REGISTERED AGENT MUST SIGN

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: **Steven Watson (Steven Watson)** Date: **8/26/98** Daytime Phone #: **727-736-3611 ext 252**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRP2040 (1-98)