PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT -3 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762267

REINSTATEMENT 03

1. Corporation Name
ADVERTISING FEDERATION OF THE SUNCOAST INC

2. Principal Office Address	3. Mailing Office Address
3542 STOKES DR.	P.O. BOX 15945
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
SARASOTA FL	SARASOTA FL
Zip 34232 Country US	Zip 34277 Country US

4. Date Incorporated or Qualified To Do Business in Florida 3/3/82

5. FEI Number 592412389 ☐ 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: PETER BAXTER

Street Address (P.O. Box Number is Not Acceptable): 3542 STOKES DR

000022548056
10/03/03--01075--005 **25.25

Suite, Apt. #, Etc.:

City: SARASOTA State: FL Zip Code: 34232

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: Peter Baxter Date: 10/1/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
P	PETER G BAXTER	3542 STOKES DR.	SARASOTA FL 34232
V	DAWN WOELFLE	3044 Golden Rain	SARASOTA FL 34232
T	SCOTT GARDNER	6720 S. Tamiami Tr.	SARASOTA FL 34231
S	ROB ROVNAK	6001 OLIVE DR	SARASOTA FL 34231
D	STEPHANIE KEMPTON	333 N. ORANGE AV	SARASOTA FL 34236
D	MICHAEL BROWN	1542 Stokes Dr	SARASOTA FL 34236

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: Peter Baxter PETER BAXTER 10/1/03 941-378-2489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/1/03